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Teenage Pregnancy in the United States

The Scope of the Problem and State Responses

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Introduction

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The Alan Guttmacher Institute

This monograph brings together two recent studies on teenage pregnancy in the United States that were conducted by staff members of The Alan Guttmacher Institute. The first, "Patterns and Trends in Teenage Abortion and Pregnancy," by Stanley K. Henshaw and Jennifer Van Vort, is of a statistical nature. It documents the numbers of births, legal abortions and miscarriages among teenage women as of 1985, and, therefore, the total number of teenage pregnancies as of that year, the latest year for which data on abortion are available by age. It also documents the numbers and rates of and the fluctuations and long-term trends in teenage births, legal abortions and pregnancies from 1972, the year before abortion became legal in all 50 states, to 1985.

The second analysis, "State Teenage Pregnancy Initiatives in the 1980s: An Assessment," by Asta M. Kenney and Debra Somberg, is a review of all "initiatives" on teenage pregnancy proposed by state legislative, gubernatorial or administrative entities between 1982 and the end of 1988. The review focuses on the content of these proposals and on the manner in which they conform—or do not conform—with recommendations provided in the 1987 National Research Council report entitled *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing*. The National Research Council is affiliated with the National Academy of Sciences, and its report is the result of two years of study by a panel of scientists. It represents, in the Council's own words, "the first systematic attempt to assess the effects and effectiveness of alternative approaches in light of growing scientific understanding of early pregnancy and parenting." The report makes a clear distinction between recommended interventions that have been *proven to be effective* and those that *may have merit* but currently lack sufficient evidence to warrant a firm recommendation.

The Alan Guttmacher Institute study measures states' plans and proposals against all the approaches detailed in the "Priorities for Policies and Programs" section of *Risking the Future*—both recommendations and possible strategies—while emphasizing the National Research Council's distinction between the two.

That 25 states and the District of Columbia addressed the issue of teenage pregnancy through one or more reasonably comprehensive proposals in the period between 1982 and 1988 is testament to public and state government concern with the problems associated with early sexual activity, teenage pregnancy and early childbearing. On the whole, however, with regard to their comprehensiveness or their priority-setting, the state proposals appear to fall far short of the benchmark recommendations of the National Research Council. With few exceptions, the translation of the proposed initiatives into actual, coherent programs with built-in financial support *and* evaluation mechanisms is not specified, and it remains unclear whether, when or how these proposals will actually be implemented.

The reduction and the ultimate prevention of unintended teenage pregnancy, as well as the alleviation of the problems associated with early childbearing and parenting, require clear and comprehensive strategies and assiduous, patient and long-term attention if progress is to be made. It is to be hoped that the efforts undertaken by the states, mainly in the latter part of the 1980s, will be systematically evaluated and continued throughout the 1990s.

1. Patterns and Trends In Teenage Abortion And Pregnancy

Stanley K. Henshaw and Jennifer Van Vort

This report contains data compiled by The Alan Guttmacher Institute (AGI) on numbers and rates of teenage pregnancy in the United States through 1985, the latest year for which complete data are available. Birth data have been published for 1986,[1] but the abortion data needed to calculate teenage pregnancy rates have just become available from the Centers for Disease Control (CDC) for the years 1984 and 1985.[2] Data for earlier years are included here so that this publication can serve as a reference source as well as an overview of recent trends in teenage abortion, birth and pregnancy rates.

Methods and Sources

To calculate pregnancy rates, the numbers of births, abortions and women in the population were needed, broken down by age and, where possible, by race. The number of births according to the age, race, marital status and state of residence of the mother are tabulated and published each year by the U.S. National Center for Health Statistics (NCHS). The data are extremely accurate, since they are based on birth certificates, which are filed for about 99.3 percent of all births (99.4 percent of white and 98.6 percent of nonwhite births).[3] Following the practice of the NCHS, we have made no adjustment for the slight undercount, although the Census Bureau has done so in some publications.[4]

The NCHS classifies the race of the child as "nonwhite" if either of the parents is nonwhite. As a result, the number of white mothers is 1.6 percent greater than the number of births classified as white, the number of black mothers is 4.3 percent lower than the number of black births, the number of American Indian mothers is 20.2 percent lower than the number of Indian births, and varying differences apply to other races.[5] There are 6.2 percent more nonwhite births than nonwhite mothers; therefore, birthrates among nonwhite women are overestimated in our calculations by approximately this amount, and birthrates among whites are underestimated by about 1.6 percent. These percentages may not apply exactly to teenagers, and no corrections have been made in the data presented here. In addition, there is considerable uncertainty about the classification of Hispanic origin of the mother on birth certificates and the comparability to Hispanic origin recorded in other data sources, including censuses and surveys.[6]

The abortion data are not subject to this type of classification error, as abortions are classified by the race of the woman. There are three sources for the abortion data. Counts of the number of abortions performed in each state were obtained from periodic surveys by The Alan Guttmacher Institute of all U.S. abortion providers. The data are more complete than those reported by the CDC and most state health departments, because the AGI surveys the providers directly and follows up by telephone those providers who do not respond to mailed questionnaires.[7]

The second source is information about the age and other characteristics of abortion patients that is collected by state health departments and compiled by the CDC. The AGI uses a procedure based on the percentage distributions published by the CDC to estimate the numbers of abortions obtained by women with various characteristics. It also estimates the number of abortions obtained by residents of each state, using information from the CDC and state health departments and, for states with no such data, the results of a special survey of a sample of abortion providers. It is assumed that the ages of women who obtained out-of-state abortions and of other women whose abortions were not reported to state health departments were similar to the ages of those who obtained in-state abortions and whose abortions were reported. The procedures used by the AGI to make these estimates are described elsewhere.[8]

The third source is a data set compiled by the

NCHS containing information on all the abortions reported to the state health agencies of 13 states. Cross-tabulations of these data are published by the NCHS,[9] and special tabulations were also used.

Census Bureau population estimates were used to calculate national abortion rates and birthrates.[10] Population estimates for state rates were obtained by interpolation between estimates for 1987 purchased from Market Statistics, a company that specializes in population projections, and the 1980 census results. The state estimates were adjusted to sum to the Census Bureau's national estimates.

Most of the statistics presented here and in other publications on teenage pregnancy record the age at the time of the pregnancy outcome rather than the age at which conception occurred. For planning pregnancy prevention programs, as well as for many other purposes, the woman's age at conception is more important than her age at childbirth or abortion. For example, most of the 20-year-old women who give birth become pregnant while they are 19; such births should be counted as teenage pregnancies. A procedure for adjusting birth and abortion data to age at conception was developed by Christopher Tietze.[11] Nevertheless, since other researchers have used age at outcome to calculate the number of teenage pregnancies, and because it would be impractical to adjust the data for all 50 states, the abortion, birth and pregnancy rates shown here are calculated as of age at outcome, with the exception of one row of Table 6 included to illustrate the difference.

Since the ratio of abortions per 100 abortions plus live births is especially affected by the difference between age at conception and age at outcome, estimates of the abortion ratios have been calculated using the Tietze "de-aging" procedure. In addition, births were chosen for these calculations that took place six months later than the abortions so that the pregnancies leading to births would have been conceived during the same calendar period as the pregnancies that ended in abortion.

The number of miscarriages has been estimated as 20 percent of the number of births plus 10 percent of the number of abortions, following a model by John Bongaarts and Christopher Tietze, both of The Population Council. This formula is based on studies of the rate of spontaneous fetal loss by week of gestation, and approximates the number of miscarriages of pregnancies that lasted long enough to be noticed by an observant woman.[12]

The pregnancy rates reported here include the estimated number of miscarriages. Pregnancy rates excluding miscarriages may be obtained by simply summing the birthrates and abortion rates. Where miscarriage numbers and rates are not shown separately, they may be obtained by subtracting birth and abortion numbers or rates from the pregnancy numbers or rates shown.

The rates shown here may differ slightly from those published elsewhere because of differences in the estimates of miscarriages and differences in the population estimates used. In addition, the numbers of births and abortions reported by state health departments may differ from the numbers of births reported by the NCHS (which include births that occurred outside the mother's state of residence) and the numbers of abortions estimated by the AGI. Because of the degree of uncertainty in the figures, the numbers of abortions and pregnancies have been rounded to the nearest 10. Small differences in state rates should be viewed with caution because of the uncertainty in the estimated populations and numbers of abortions and, in the case of rates based on small numbers of births or abortions, the possibility of random year-to-year fluctuations.

Findings

Abortion

In 1985, a total of 416,170 women under age 20 had abortions, including 16,970 under age 15 (Table 1). These numbers changed only slightly from 1983 and 1984. Twenty-six percent of all abortions were obtained by teenagers, down slightly from 27 percent in 1983. Corresponding increases in the percentage of abortions occurred among women aged 25–39 because of the shifting age distribution of the population.

The abortion rate among 15–19-year-olds in 1985 was 44 per 1,000 women in that age-group; thus, 4.4 percent of all women in that age-group obtained

an abortion in 1985. The abortion rate was 31 among adolescents 15–17, rose to 63 among those 18–19, and was lower for older women. As is evident in the age breakdown below, the rate peaked at age 18, dropped slowly until age 21 and then fell more rapidly with increasing age:

Age	Rate	Rate per 1,000 sexually active women
15	17	87
16	31	103
17	45	104
18	64	110
19	62	88
20	60	
21	58	} 61
22	54	
23	48	
24	42	

Sources: **Age Distribution of Abortions**—Women 15–19: estimated from CDC data; Women 20–24: estimated from a special tabulation of a magnetic tape containing data compiled by the NCHS on abortions in 13 states in 1983. **Population**—see reference 10. **Proportion Sexually Active**—see reference 16.

The jump in the abortion rate between ages 17 and 18 suggests that some 17-year-olds may have stated their age as 18 because they thought that restrictions might apply to minors.

The sharp increase in the abortion rate during the teenage years is largely due to the increase with age in the proportions of teenagers who are sexually active. The abortion rate per 1,000 sexually active teenagers increased only slightly up to age 18; after age 18, the rate dropped off, probably because of more effective contraceptive use and higher proportions of sexually active women seeking and having planned pregnancies. Of sexually active teenagers, between nine and 11 percent had an abortion in 1985.

At 1985 rates of birth and abortion, 8.8 percent of young women will have at least one abortion and 8.7 percent will have one or more births by their 18th birthday. The figures for age 20 are 18.2 and 20.2, respectively. A cohort of 1,000 adolescent women will have 227 abortions and 261 births by age 20; some of the women will have more than one abortion or birth.

Between 1983 and 1985, the abortion rate per 1,000 women changed little for women under age 15 and those 15–17, but it increased from 60 to 63 among those 18–19. A smaller increase also occurred among women aged 20–24, while the abortion rate among women aged 25–39 changed little. The abortion rate among women over 40 reached a low of three, continuing a trend evident since 1977, when the rate was four. The abortion rate decline in the older age-group may be attributable to increased reliance on surgical sterilization.[13]

Also shown in Table 1 is the ratio of abortions per 100 abortions plus live births, adjusted to the woman's age at conception. This measure reflects the decisions made by teenagers when faced with a pregnancy. In 1985, 46 percent of the adolescents who became pregnant before age 15 obtained abortions and 54 percent carried the pregnancy to term. The proportions choosing abortion were only slightly lower for older teenagers: 43 percent of 15–17-year-olds and 41 percent of 18–19-year-olds. However, the ratio drops to a low of 22 among women 25–34. Among women under age 25, there was little change in the ratios between 1983 and 1985, following a slow increase up to 1983.

Race and Marital Status. The abortion rate among nonwhites aged 15–19 (71) was 1.9 times that of whites (38) in 1985 (Table 2). The difference for teenagers was less than that for women of all ages, among whom nonwhites had a rate 2.5 times that of whites (not shown). The higher abortion rate of nonwhites is not due to a greater propensity to turn to abortion, however. Rather, their birthrate was comparably (2.1 times) greater than that of whites in the same age-group. In fact, once pregnant, their likelihood of choosing abortion was slightly lower than that of whites among women 15–17 (41 vs. 45) and slightly higher among those 18–19 (42 vs. 41).

Estimates for Hispanics place their birthrate slightly below that of nonwhites and their abortion and pregnancy rates between those of whites and nonwhites.* The birthrate of Hispanics aged 15–19

* In the race statistics, Hispanics are counted as white or nonwhite. In most Hispanic populations, over 90 percent identify themselves as white.

was about 86 in 1985. Information on the proportion of abortions obtained by Hispanic women is available from a 1987 national survey of abortion patients.[14]* If the proportion was similar in 1985, about 39,000 Hispanics aged 15–19 obtained abortions in that year, for an abortion rate of 50, about 15 percent higher than the abortion rate for all women of the same age (44). Teenagers accounted for 20 percent of abortions obtained by Hispanics, as compared with 26 percent of all abortions. In 1985, the pregnancy rate among Hispanic teenagers aged 15–19 was about 158 per 1,000.

Only six percent of teenagers who had abortions in 1984 were married (Table 3). However, married teenagers had a higher abortion rate (28) than did older married women, indicating that even married teenagers have difficulty preventing unwanted pregnancies. According to a tabulation of data from 12 states, 52 percent of the married women aged 15–17 and 60 percent of those 18–19 having abortions in 1984 had already had children (not shown).[15]

Among unmarried women, teenagers 15–19 had a lower abortion rate (44) than did women 20–24 (70), because many of the teenagers were not sexually active. The abortion rate of sexually active, unmarried 15–19-year-olds was about 103—97 among whites and 116 among nonwhites (not shown).[16]

Nevertheless, whether married or unmarried, teenagers who became pregnant were less likely than older women to terminate the pregnancy by abortion, as may be seen in the abortion ratio data in Table 3.† Among both married and unmarried women, the abortion ratio increased with age.

A comparison of the racial groups shows differences according to marital status. Among married women, nonwhites were almost one and one-half to three times as likely as whites to choose abortion, while among unmarried women, nonwhites of all ages were less likely to resolve pregnancies by abortion than were whites. To some degree, this difference reflects a greater acceptance of nonmarital childbearing in the black community.

Birth, Abortion and Pregnancy Trends

Tables 4 and 5 contain the numbers and rates of births, legal abortions and pregnancies for teenagers for 1972–1985, according to age at outcome. Over one million teenage pregnancies have occurred each year since 1973. In 1985, 1,031,040 teenagers were pregnant. (An additional estimated 190,000 conceived pregnancies that ended as births, abortions or miscarriages after their 20th birthday.) About 31,000 pregnancies occurred to women under age 15. Of the teenage pregnancies, 477,705 ended in live births, 416,170 in induced abortions, and the remainder in miscarriages or stillbirths. Women 15–17 obtained 165,630 abortions and women 18–19 obtained 233,570.

The pregnancy rate among women 15–19 rose from 95* per 1,000 women in 1972 to a peak of 111 in 1980, and was virtually unchanged at 110 in 1985 (Figure 1). The birthrate dropped fairly sharply between 1972 and 1978, from 62 to 52 births per 1,000 women aged 15–19, increased slightly to 53 in 1980, and then fell back to 51 in 1984, 1985 and 1986 (not shown).[17] Abortion rates, in contrast, rose during the 1970s to 43 in 1980, then remained almost stable, with only a slight increase to 44 in 1985. All three measures can best be characterized as stable, with only slight fluctuations after 1979.

The patterns among younger (15–17) and older (18–19) teenagers are similar. One difference, however, is that the birthrate of the younger group fell nine percent over the most recent decade (1976–1985), while that of older teenagers was virtually unchanged. Among adolescents under 15, the pregnancy and abortion rates generally rose through 1983 and were stable from 1983 to 1985. The birthrate remained steady between 1979 and 1985, at a level only slightly lower than that in 1972.

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* The proportion of abortions among women of all ages was 12.7; among those 15–19 it was 9.6. See Table 2 for the sources of birth and population data on Hispanics.

† These proportions are somewhat distorted because some of the marital births were conceived before marriage; thus, the true abortion ratio should be higher for married and lower for unmarried women. The patterns shown would not be significantly different, however.

* The pregnancy and abortion rates for 1972–1974 are probably understated owing to uncounted illegal abortions performed before legal abortion services became available in most areas of the country.

The trends for white and nonwhite teenagers aged 15–19 are shown in Table 6. In 1985, the pregnancy rate for nonwhites—186 per 1,000—was exactly twice the white rate of 93; the abortion rate was 88 percent higher than that of whites, and the birthrate was 110 percent higher. Trends were similar in the two race groups between 1980 (when pregnancy rates peaked) and 1985; in 1985, however, the abortion and pregnancy rates of nonwhites increased substantially. The abortion rates of older nonwhites also rose in 1985 (not shown).

International Comparisons

Compared with those of other developed countries,* teenage birth, abortion and pregnancy rates in the United States are among the highest in the world. In 1980, only in Eastern European countries—that is, Bulgaria, Czechoslovakia, East Germany, Hungary and Romania—were birthrates among women 15–19 equal to or higher than that of the United States.[18] Figure 2 shows recent birth, abortion and pregnancy rates among teenagers aged 15–19 for all the countries for which complete abortion statistics are available. Except for Czechoslovakia and Hungary, the countries shown have birthrates ranging from slightly more than one-half (New Zealand) to less than one-sixth (the Netherlands) of the U.S. rate. Furthermore, adolescent birthrates have been declining more rapidly in most other developed countries than in the United States.[19]

The U.S. abortion rate among teenagers 15–19 in 1983 was by far the highest of any country for which data are available—69 percent higher than that of Hungary, the next highest rate, and more than twice as high as any other known teenage abortion rate. The pregnancy rate was also higher than that of any other country shown in Figure 2. It is possible that the pregnancy rate was similar or higher in some of the Eastern European countries that lack accurate statistics—notably Bulgaria, Romania and Yugoslavia—but it is clear that the U.S. pregnancy rate is one of the highest of all developed countries.

The U.S. rates for younger teenagers stand out even more. A United Nations compilation of birthrates by single year of age indicates that the birthrate among U.S. 14-year-olds (5.5 per 1,000) is twice that among similar teenagers in Romania and Hungary (2.6 per 1,000), which are tied for the next highest rate.[20] U.S. 15- and 16-year-olds are also more likely to have children than are those in any other developed country. Among 15–17-year-olds, the U.S. birth, abortion and pregnancy rates are higher than those of any other country with abortion data (Figure 3). The pregnancy rate of this age-group is more than twice that of England and Wales and that of Canada, and more than 10 times that of the Netherlands.

Numbers and Rates by State

The remaining tables present data for each state, broken down by age-group and, where possible, by race. Tables 7–10 provide numbers of pregnancies, births and abortions for 1985, by race and state of residence. Tables 11–13 provide pregnancy, birth and abortion rates for 1985, by race and state of residence, as well as the ranks of states in those three areas. Tables 14–20 contain the above information for 1984. Table 21 shows birth, abortion and pregnancy rates among women 15–19 for 1980–1982 and 1984–1985, and Tables 22–23 contain similar data for women 15–17 and 18–19. The population estimates used for the calculation of 1984 and 1985 rates are given in the remaining two tables.

The number of abortions among teenagers has been estimated* for the states that do not collect such data, as noted on the tables. No estimate has been made of the number of abortions by race for states

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* Developed countries are: Australia, Canada, New Zealand, Japan, the United States and those of Europe.

* Wherever possible, the estimates are based on the proportion of abortions obtained by teenagers in neighboring states for which data are available. For Alaska and states where insufficient data are available for neighboring states, some nonneighboring states were used. The nearest states with similar degrees of urbanization were selected. For the District of Columbia, the proportions from New York City were used. In general, among states that collect teenage abortion statistics, those states having a high abortion rate among the adult population also have a high rate among teenagers and those with a low adult rate have a low teenage rate. This correlation gives validity to the estimating procedure, but some uncertainty is inevitable when the number of abortions obtained by teenagers has to be estimated.

without health department data. In Tables 11–13 and 18–20, rates were not calculated if the population base was less than 5,000 women, because rates based on small populations are subject to significant year-to-year random fluctuations, and small errors in estimating the number of abortions can result in relatively large differences in the rates. This procedure is similar to the methodology used by Susheela Singh in an interstate analysis of adolescent pregnancy.[21] Since the District of Columbia is not a state, it was not ranked.

Some general state comparisons may be made from Table 11, which contains 1985 rates and state ranks for adolescents 15–19. Birthrates range from a high of 77 in Mississippi to a low of 30 in Minnesota. Birthrates are generally high in the southern states stretching from Georgia through Texas, New Mexico and Arizona. The highest rates occur in Mississippi, Texas, Arkansas, the District of Columbia, Louisiana, New Mexico and Georgia. The New England and Middle Atlantic states have below-average rates, and low rates are also found in some Midwestern states. Besides Minnesota, the states with the lowest birthrates are Massachusetts, New Hampshire, Connecticut and Iowa.

California ranks highest in its abortion rate for 15–19-year-olds, followed by New York, New Jersey, Hawaii, Maryland and Alaska. The lowest rates are in Utah, Kentucky, North Dakota and South Dakota. In general, the least urbanized states tend to have the lowest rates, probably in part because of a lack of accessible abortion services.[22] The lowest state rates are comparable to rates found in the other developed countries for which we have data. The patterns of differences among the states are similar for the three age-groups (15–19, 15–17 and 18–19).

Some of the states have low birthrates as a consequence of having low pregnancy rates, while in other states low birthrates result from higher levels of abortion. Examples of the former are Minnesota, Iowa and North Dakota, which have low pregnancy and abortion rates as well as low birthrates. New York, New Jersey and Hawaii have relatively low birthrates in spite of high pregnancy rates because of relatively high abortion utilization. California has the highest pregnancy rate, but its birthrate is only slightly above the national rate because the state also has the highest teenage abortion rate. Conversely, several of the states with moderately high pregnancy rates have some of the highest birthrates because of low utilization of abortion (e.g., Mississippi, Arkansas, Louisiana and New Mexico).

Besides California, the states with some of the highest pregnancy rates are Alaska, Georgia, Texas and Arizona. Those with the lowest pregnancy rates are North Dakota, Minnesota, Iowa, South Dakota and Wisconsin. However, even North Dakota's pregnancy rate of 60 per 1,000 is higher than those of Canada (45 in 1983) and England and Wales (53 in 1984).

Since nonwhites have higher birthrates and abortion rates than whites, the racial composition of a state can influence its rates and national rank. The District of Columbia, for example, with a large nonwhite population, has a relatively high birthrate of 72, but both its white and nonwhite birthrates (25 and 80, respectively) are well below the national figures of 43 and 90. The states with the highest birthrates among whites are Texas, New Mexico, Arizona, Arkansas and Kentucky. The lowest rate is found in New Jersey, followed by Minnesota, Connecticut, Massachusetts and Hawaii.

There is little association ($r=-0.05$) between the birthrates of white and nonwhite teenagers. Among those states with nonwhite populations large enough for measurement of rates, nonwhite birthrates are highest in Wisconsin, Minnesota, Illinois and Florida (although all four rank in the bottom half in white birthrates), while nonwhite birthrates are lowest in Hawaii, California, Oregon and Virginia. The fact that Hawaii and California have large nonwhite populations that are not black may account in part for the low nonwhite birthrates in those states.

Although nonwhites have higher pregnancy rates than whites in all states where the rates have been calculated, in seven states—Arizona, Arkansas, Mississippi, Nevada, New Mexico, Oregon and South Carolina—the abortion rates of nonwhites are lower than those of white teenagers. In some of these states, lack of availability of abortion services and distance from abortion facilities may affect nonwhite more than white adolescents, keeping the nonwhite abortion rate low.

Table 21 contains estimates of birth, abortion and pregnancy rates of teenagers 15–19 in 1980–1982 for comparison with the new data for 1984–1985. Between 1980 and 1985, the birthrate fell in 40 states, rose in nine states and the District of Columbia, and was unchanged in one state. The largest declines (11 points or more) occurred in Wyoming, Utah, Idaho, West Virginia and South Dakota. The District of Columbia experienced a 10-point increase, and the birthrates in Maryland, New York and Rhode Island each increased four points.

The abortion rate declined in 28 states and the District of Columbia, was unchanged in five states, and increased in 17 states. The rate declined by 10 or more points in Washington, Oregon and Nevada. Increases of 10 or more points took place in Hawaii, Alaska, New Jersey, California, Connecticut and New York.

The pattern for pregnancy rates was similar to that for births and abortions, with drops in 35 states, increases in 14 and the District of Columbia, and one state unchanged. In general, pregnancy rates fell in the less metropolitan states in the Midwest and West, including such states as Idaho, Indiana, Kansas, Kentucky, Minnesota, North Dakota, Oregon, South Dakota and Wyoming. They also fell by 15 points or more in three relatively metropolitan states—Nevada, Utah and Washington—and in West Virginia. The industrial midwestern states experienced smaller declines or increases. The largest increases occurred in Alaska, Hawaii, New Jersey, New York and Connecticut.

Tables 22 and 23 show comparable data for 15–17 and 18–19-year-olds. Abortion and pregnancy rates are unavailable for 1981 and were not estimated for 1980 for states without health department age distributions for abortions. More random error is possible in these tables because of greater uncertainty in the population and abortion estimates for the smaller age-groups.

The patterns of changes shown in these tables are generally similar to those for the entire 15–19 age-group. Birthrates for the younger teenagers fell in 38 states between 1980 and 1985, most sharply in Wyoming (by 16 points). Six states on the East coast and California showed small increases; the largest increase was four points (in Rhode Island). Among the older teenagers, the largest increases (5–8 points) took place in Eastern states (New York, Maryland, Delaware and Rhode Island), Alaska and Arizona. The birthrate in the District of Columbia increased 12 points between 1981 and 1985. Wyoming, Utah and Idaho had fertility rate decreases of more than 20 points between 1980 and 1985.

The trend between 1980 and 1985 in abortion and pregnancy rates for the younger teenagers could be misleading for states affected by abortion parental consent or notification laws, because although the number of abortions obtained by women of all ages is adjusted to the state of residence, the age distributions are according to state of occurrence. For example, the largest abortion rate increase for 15–17-year-olds occurred in Connecticut, in part because of minors who came to Connecticut to avoid restrictions in Massachusetts and Rhode Island. Similarly, Indiana's decreased rate may in part be the result of minors obtaining abortions in neighboring states after the Indiana parental consent law was implemented in 1984.

Abortion rate changes were similar for younger and older teenagers in several states. Notable increases occurred among both age-groups in Hawaii, New York and Maine, while Washington and Minnesota had decreases of more than six points among both age-groups. Other states with increases of six or more points among the younger teenagers were Connecticut, Colorado and Georgia; decreases of six or more points were recorded by Nevada and Indiana. Among the older teenagers, other states with increases of more than 10 points were California and Arizona; other states that experienced abortion rate decreases of seven or more points were Vermont, New Mexico, Kansas, South Carolina, Mississippi and Tennessee.

The pregnancy rate among younger teenagers decreased by more than 10 points in Nevada, Indiana, Idaho and Missouri, while increases of this size occurred in Connecticut, Hawaii and New York. Among older teenagers, the pregnancy rate decreased more than 20 points in Washington, Kansas, South Dakota, Vermont, Idaho and Minnesota; increases of a similar size occurred in Hawaii, California, New York and Arizona.

Summary

In 1985, 1,031,040 teenagers became pregnant in the United States. For each 1,000 women aged 15–19, there were 110 pregnancies, including 51 that resulted in a live birth and 44 that were terminated by an induced abortion. (The remainder ended in miscarriage or stillbirth.) At these rates, 8.7 percent of young women will have at least one live birth and 8.8 percent will have one or more abortions by age 20.

Between 1980 and 1985, rates remained relatively stable, with only a slight trend downward in the birthrates and pregnancy rates (two points and one point, respectively), and a slight upturn in the abortion rate (one point). There have been varying trends among the states: Birth, abortion and pregnancy rates have fallen in many of the rural states in the Midwest and West and have risen or remained relatively unchanged in the East, the industrial states of the Midwest, and California.

Teenage pregnancy is high in the United States compared with other developed countries. The birthrates of U.S. women under age 17 are higher than those of women in any other developed country, and the rate among women 15–19 is the highest outside of Eastern Europe. The abortion and pregnancy rates are the highest of any country that publishes accurate abortion statistics, although it is possible that certain Eastern European countries for which data are unavailable have equally high teenage pregnancy rates.

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Table 1. Number and percentage distribution of abortions, abortion rate per 1,000 women and abortions per 100 abortions plus live births (abortion ratio), by age, United States, 1983–1985

Age	Number			Percentage distribution			Rate			Ratio*		
	1983	1984	1985	1983	1984	1985	1983	1984	1985	1983	1984	1985
Total	**1,575,000**	**1,577,180**	**1,588,550**	**100.0**	**100.0**	**100.0**	**28.5**	**28.1**	**28.0**	**30.4**	**29.7**	**29.7**
<20†	427,680	415,790	416,170	27.1	26.4	26.2	45.2	45.0	45.7	42.3	41.8	42.1
<15‡	16,350	16,920	16,970	1.0	1.1	1.1	9.2	9.3	9.1	46.0	45.9	45.7
15–19	411,330	398,870	399,200	26.1	25.3	25.1	43.5	43.2	43.8	42.2	41.6	42.0
(15–17)	(166,440)	(160,900)	(165,630)	(10.6)	(10.2)	(10.4)	(30.8)	(30.0)	(30.7)	(43.2)	(42.5)	(43.2)
(18–19)	(244,890)	(237,970)	(233,570)	(15.5)	(15.1)	(14.7)	(60.4)	(61.5)	(63.0)	(41.4)	(40.9)	(41.0)
20–24	548,130	551,110	548,020	34.8	34.9	34.5	51.1	51.8	52.3	31.4	31.3	31.5
25–29	328,260	332,260	336,260	20.8	21.1	21.2	31.1	30.9	30.9	22.5	22.0	22.0
30–34	171,560	175,780	180,560	10.9	11.1	11.4	17.8	17.8	17.8	23.0	22.1	21.8
35–39	78,090	81,840	86,540	5.0	5.2	5.4	9.6	9.5	9.7	34.2	32.8	32.2
≥40§	21,260	20,380	20,980	1.4	1.3	1.3	3.1	2.9	2.9	51.4	49.4	49.4

*In this table and Tables 2–3, denominator is number of abortions plus live births six months later (to match times of conception for pregnancies ending in births and pregnancies ending in abortions), both adjusted to age at time of conception.

†Population base for rates is women 15–19. ‡Population base for rates is women age 14. §Population base for rates is women 40–44.

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Table 2. Abortion rate, birthrate and pregnancy rate per 1,000 women and abortion ratio, by race and Hispanic origin, by age,1985

Measure	Total	White	Non-white	Hispanic
Abortion rate				
<15*	9.1	5.0	27.0	na
15–19	43.8	37.8	71.1	50.3
15–17	30.7	25.7	53.2	na
18–19	63.0	55.4	97.1	na
Birthrate				
<15*	5.5	2.7	17.6	na
15–19	51.3	42.8	89.7	85.6
15–17	31.1	24.0	62.9	na
18–19	80.8	70.1	128.7	na
Pregnancy rate				
<15*	16.6	8.8	50.8	na
15–19	109.8	92.9	185.8	158.1
15–17	71.1	57.1	134.0	na
18–19	166.2	145.1	261.3	na
Abortion ratio				
<20	42.1	42.3	41.7	na
<15	45.6	46.0	45.5	na
15–17	43.2	44.5	40.6	na
18–19	41.0	40.6	42.1	na

*Population base is women age 14.

Note: na = data not available.

Sources: **Number of Abortions**—U.S. total: see reference 7; Age distribution and other characteristics: Centers for Disease Control, unpublished data, 1989 (joint distributions were adjusted by an iterative procedure to the age and race distribution estimated by the AGI); Hispanic: special tabulation of a 1987 national survey of abortion patients (see reference 7). **Number of Women**—see reference 10; Hispanic: U.S. Bureau of the Census, "The Hispanic Population in the United States: March 1985," *Current Population Reports*, Series P–20, No. 422, 1988, Table 6. **Number of Births**—National Center for Health Statistics, "Advance Report of Final Natality Statistics, 1985," *Monthly Vital Statistics Report (MVSR)*, Vol. 36, No. 4, Supplement, 1987; ——, "Advance Report of Final Natality Statistics, 1986," *MVSR*, Vol. 37, No. 3, Supplement, 1988; Hispanic: S. J. Ventura, "Births of Hispanic Percentage, 1985," *MVSR*, Vol. 36, No. 11, Supplement, Feb. 1988 (60,262 births reported by Ventura were inflated to 65,502 because the 23 states covered in that report contain an estimated 92 percent of the Hispanic population).

Table 3. Estimated number of abortions, abortion rate per 1,000 women and abortion ratio, by age, according to marital status and race, 1984

Measure	Married			Unmarried		
	Total	White	Nonwhite	Total	White	Nonwhite
Number						
Total	287,160	202,230	84,930	1,290,020	884,400	405,620
<15	100	0	100	16,820	7,620	9,200
15–19	14,980	12,120	2,850	383,900	274,480	109,410
20–24	79,250	58,330	20,920	471,860	326,540	145,320
25–29	85,930	58,350	27,580	246,350	161,950	84,400
30–34	61,150	41,340	19,800	114,630	75,090	39,540
35–39	35,100	24,620	10,480	46,740	31,860	14,880
≥40	10,660	7,470	3,200	9,720	6,840	2,880
Rate						
Total	10	8	27	48	43	68
<20*	28	24	91	46	40	72
<15†	na	0	na	9	5	28
15–19	27	24	88	44	39	67
20–24	20	16	59	70	62	102
25–29	13	10	40	59	52	78
30–34	9	7	23	38	33	53
35–39	6	4	16	20	18	24
≥40‡	2	2	6	5	5	7
Abortion ratio						
Total	9	7	19	62	68	51
<20	6	5	10	57	64	44
20–24	8	7	16	63	69	52
25–29	8	6	18	65	71	57
30–34	10	8	21	67	71	59
35–39	19	17	30	70	74	64
≥40	38	34	48	76	79	70

*Population base is women age 15–19. †Population base is women 14.

‡Population base is women 40–44.

Note: na = data not available.

Sources: **Number of Abortions**—based on data from 12 states (see reference 9) adjusted by an iterative procedure to the 1984 age totals shown in Table 1 and the race and marital status totals estimated from AGI and CDC data. **Number of Women**—see reference 10. **Number of Births**—see sources to Table 1.

Table 4. Female population (in 000's), number of births, and estimated numbers of abortions, miscarriages and pregnancies, by age at pregnancy outcome, according to year, 1972–1985

Year	Female population	Births	Outcomes			Year	Female population	Births	Outcomes		
			Legal abortions	Estimated miscarriages*	Total pregnancies†				Legal abortions	Estimated miscarriages*	Total pregnancies†
Women <15‡						**Women 15–19 (cont.)**					
1985	1,858	10,220	16,970	3,740	30,930	1978	10,555	543,407	418,790	150,560	1,112,760
1984	1,823	9,965	16,920	3,690	30,570	1977	10,581	559,154	396,630	151,490	1,107,270
1983	1,786	9,752	16,350	3,590	29,690	1976	10,582	558,744	362,680	148,020	1,069,440
1982	1,748	9,773	14,590	3,410	27,770	1975	10,465	582,252	324,930	148,940	1,056,120
1981	1,781	9,632	15,240	3,450	28,320	1974	10,349	595,466	278,280	146,920	1,020,670
1980	1,834	10,169	15,340	3,570	29,080	1973	10,193	604,096	232,440	144,060	980,600
1979	1,944	10,699	16,220	3,760	30,680	1972	9,988	616,280	(191,000)**	142,360	949,640
1978	2,020	10,772	15,110	3,670	29,550						
1977	2,048	11,455	15,650	3,860	30,970	**Women 15–17**					
1976	2,080	11,928	15,820	3,960	31,710	1985	5,397	167,789	165,630	50,120	383,540
1975	2,118	12,642	15,260	4,050	31,950	1984	5,362	166,744	160,900	49,440	377,080
1974	2,086	12,529	13,420	3,850	29,800	1983	5,400	172,673	166,440	51,180	390,290
1973	2,094	12,861	11,630	3,740	28,230	1982	5,598	181,162	168,410	53,070	402,640
1972	2,093	12,082	na	na	na	1981	5,848	187,397	175,930	55,070	418,400
						1980	6,075	198,222	183,350	57,980	439,550
Women <20§						1979	6,200	200,137	178,570	57,880	436,590
1985	9,106	477,705	416,170	137,160	1,031,040	1978	6,286	202,661	169,270	57,460	429,390
1984	9,231	479,647	415,790	137,510	1,032,940	1977	6,310	213,788	165,610	59,320	438,720
1983	9,456	499,038	427,680	142,580	1,069,290	1976	6,319	215,493	152,700	58,370	426,560
1982	9,767	523,531	433,330	148,040	1,104,900	1975	6,288	227,284	(151,630)**	60,620	439,530
1981	10,010	537,024	448,570	152,260	1,137,850	1974	6,276	234,194	(139,850)**	60,820	434,860
1980	10,360	562,330	460,120	158,480	1,180,930	1973	6,185	238,403	(115,950)**	59,280	413,630
1979	10,498	560,171	460,820	158,120	1,179,110	1972	6,071	236,641	(95,500)**	56,880	389,020
1978	10,555	554,179	433,900	154,230	1,142,310						
1977	10,581	570,609	412,280	155,350	1,138,240	**Women 18–19**					
1976	10,582	570,672	378,500	151,980	1,101,150	1985	3,710	299,696	233,570	83,300	616,570
1975	10,465	594,894	340,190	153,000	1,088,080	1984	3,869	302,938	237,970	84,380	625,290
1974	10,349	607,995	291,700	150,770	1,050,470	1983	4,056	316,613	244,890	87,810	649,310
1973	10,193	616,957	244,070	147,800	1,008,830	1982	4,169	332,596	250,330	91,550	674,480
1972	9,988	628,362	na	na	na	1981	4,163	339,995	257,400	93,740	691,140
						1980	4,284	353,939	261,430	96,930	712,300
Women 15–19						1979	4,297	349,335	266,030	96,470	711,840
1985	9,106	467,485	399,200	133,420	1,000,110	1978	4,269	340,748	249,520	93,100	683,370
1984	9,231	469,682	398,870	133,820	1,002,370	1977	4,271	345,366	231,020	92,180	668,570
1983	9,456	489,286	411,330	138,990	1,039,610	1976	4,263	343,251	209,980	89,650	642,880
1982	9,767	513,758	418,740	144,630	1,077,130	1975	4,178	354,968	(175,150)**	88,510	618,630
1981	10,010	527,392	433,330	148,810	1,109,530	1974	4,074	361,272	(139,850)**	86,240	587,360
1980	10,360	552,161	444,780	154,910	1,151,850	1973	4,008	365,693	(115,950)**	84,730	566,370
1979	10,498	549,472	444,600	154,350	1,148,420	1972	3,917	379,639	(95,500)**	85,480	560,620

*Estimated as 20 percent of births and 10 percent of abortions. †Sum of births, abortions and miscarriages.

‡Population is women aged 14. §Population is women aged 15–19. **Estimated from partial data.

Note: na = data not available.

Sources: **Population**—1972–1980: U.S. Bureau of the Census, "Preliminary Estimates of the Population of the United States, by Age, Sex and Race: 1970 to 1981," *Current Population Reports*, Series P–25, No. 917, 1982, Table 2; 1981: ——, "Estimates of the Population of the United States by Age, Sex and Race: 1980 to 1983," *Current Population Reports*, Series P–25, No. 949, 1984, Table 2; 1982–1983: ——, "Estimates of the Population of the United States by Age, Sex and Race: 1980–1984," *Current Population Reports*, Series P–25, No. 965, Table 2; 1984–1985: ——, "Estimates of the Population of the United States by Age, Sex and Race: 1980–1986," *Current Population Reports*, Series P–25, No. 1000, Table 2. **Number of Births**—1972–1975: National Center for Health Statistics, *Vital Statistics of the United States, Vol. I—Natality, 1972–1975*, U.S. Government Printing Office, Washington, D.C., 1976, 1977, 1978 and 1979; 1976: ——,"Final Natality Statistics, 1976," *Monthly Vital Statistics Report (MVSR)*, Vol. 26, No. 12, 1978; 1977: ——, "Final Natality Statistics, 1977," *MVSR*, Vol. 27, No. 11, 1979; 1978: ——, "Final Natality Statistics, 1978," *MVSR*, Vol. 29, No.1, 1980; 1979:——, "Advance Report of Final Natality Statistics, 1979," *MVSR*, Vol. 30, No. 6, Supplement (2), 1981; 1980: ——, "Advance Report of Final Natality Statistics, 1980," *MVSR*, Vol. 31, No. 8, Suppelment, 1982; 1982: ——, "Advance Report of Final Natality Statistics, 1981,"*MVSR*, Vol. 32, No. 9, Supplement, 1983; 1981: ——, "Advance Report of Final Natality Statistics, 1982," *MVSR*, Vol. 33, No. 6, Supplement, 1984; 1983: ——, "Advance Report of Final Natality Statistics, 1983," *MVSR*, Vol. 34, No. 6, Supplement, 1985; 1984: ——, "Advance Report of Final Natality Statistics, 1984," *MVSR*, Vol. 35, No. 4, Supplement, 1986; 1985: ——, "Advance Report of Final Natality Statistics, 1985," *MVSR*, Vol. 36, No. 4, Supplement, 1987. **Number of Abortions**—1972: Centers for Disease Control, *Abortion Surveillance: 1972*, Atlanta, Apr. 1974; 1973–1983: see reference 8, p. 86; 1984–1985: see sources to Table 7.

Table 5. Birthrate, abortion rate and pregnancy rate per 1,000 women, by age at pregnancy outcome, according to year, 1972–1985

Year	Birth	Abortion	Pregnancy
Women <15*			
1985	5.5	9.1	16.6
1984	5.5	9.3	16.8
1983	5.5	9.2	16.6
1982	5.6	8.3	15.9
1981	5.4	8.6	15.9
1980	5.5	8.4	15.9
1979	5.5	8.3	15.8
1978	5.3	7.5	14.6
1977	5.6	7.6	15.1
1976	5.7	7.6	15.2
1975	6.0	7.2	15.1
1974	6.0	6.4	14.3
1973	6.1	5.6	13.5
1972	5.8	na	na
Women <20†			
1985	52.5	45.7	113.2
1984	52.0	45.0	111.9
1983	52.8	45.2	113.1
1982	53.6	44.4	113.1
1981	53.6	44.6	113.7
1980	54.3	44.4	114.0
1979	53.4	43.9	112.3
1978	52.5	41.1	108.2
1977	53.9	39.0	107.6
1976	53.9	35.8	104.1
1975	56.8	32.5	104.0
1974	58.7	28.2	101.5
1973	60.5	23.9	99.0
1972	62.9	na	na
Women 15–19			
1985	51.3	43.8	109.8
1984	50.9	43.2	108.6
1983	51.7	43.5	109.9
1982	52.6	42.9	110.3
1981	52.7	43.3	110.8
1980	53.3	42.9	111.2
1979	52.3	42.4	109.4
Women 15–19 (cont.)			
1978	51.5	39.7	105.4
1977	52.8	37.5	104.8
1976	52.8	34.3	101.1
1975	55.6	31.0	100.9
1974	57.5	26.9	98.6
1973	59.3	22.8	96.2
1972	61.7	19.1	95.1
Women 15–17			
1985	31.1	30.7	71.1
1984	31.1	30.0	70.3
1983	32.0	30.8	72.3
1982	32.4	30.1	71.9
1981	32.0	30.1	71.5
1980	32.6	30.2	72.4
1979	32.3	28.8	70.4
1978	32.2	26.9	68.3
1977	33.9	26.2	69.5
1976	34.1	24.2	67.5
1975	36.1	24.1	69.9
1974	37.3	22.3	69.3
1973	38.5	18.7	66.9
1972	39.0	15.7	64.1
Women 18–19			
1985	80.8	63.0	166.2
1984	78.3	61.5	161.6
1983	78.1	60.4	160.1
1982	79.8	60.0	161.8
1981	81.7	61.8	166.0
1980	82.6	61.0	166.3
1979	81.3	61.9	165.7
1978	79.8	58.4	160.1
1977	80.9	54.1	156.5
1976	80.5	49.3	150.8
1975	85.0	41.9	148.1
1974	88.7	34.3	144.2
1973	91.2	28.9	141.3
1972	96.9	24.4	143.1

*Population base is women aged 14. **Population base is women aged 15–19

Note: na = data not available. Source: Calculated from data in Table 4.

Table 6. Abortion rate, birthrate and pregnancy rate per 1,000 women aged 15–19, by race, 1977–1985

Measure	1977	1978	1979	1980	1981	1982	1983	1984	1985
All races									
Abortion rate	37.5	39.7	42.4	42.9	43.3	42.9	43.5	43.2	43.8
Birthrate	52.8	51.5	52.3	53.3	52.7	52.6	51.7	50.9	51.3
Pregnancy rate, age at outcome*	104.6	105.4	109.4	111.2	110.8	110.3	109.9	108.6	109.8
Pregnancy rate, age at conception*,†	119.3	122.5	127.2	127.6	128.5	127.4	125.9	126.9	127.5
White									
Abortion rate	na	34.9	38.3	38.3	38.5	38.1	38.2	37.9	37.8
Birthrate	44.1	42.9	43.7	45.0	44.7	44.5	43.6	42.5	42.8
Pregnancy rate, age at outcome*	na	89.9	94.6	96.1	96.0	95.2	94.3	92.7	92.9
Nonwhite									
Abortion rate	na	64.7	63.1	66.0	66.1	65.5	67.9	67.1	71.1
Birthrate	99.5	96.0	96.5	94.7	91.3	90.7	89.3	89.0	89.7
Pregnancy rate, age at outcome*	na	186.3	185.2	186.3	182.3	180.9	181.9	180.6	185.8

*Includes estimated number of pregnancies ending in miscarriages and stillbirths.

†Based on births six months later than abortions, to match time of conception for births and abortions. Ages are reduced by nine months for births and three months for abortions.

Note: na = data not available.

Sources: **1977–1983**—S. K. Henshaw, "Characteristics of U.S. Women Having Abortions, 1982–1983," *Family Planning Perspectives*, **19**:1, 1987, Table 5. **1984–1985**—see sources to Table 1 for number of abortions; age distributions and characteristics; number of women; and number of births.

Table 7. Numbers of births, abortions and pregnancies to women 15–19, by race and state of residence, 1985

State	All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
U.S.total	**467,485**	**399,200**	**1,000,110**	**318,725**	**281,260**	**691,850**	**148,760**	**117,940**	**308,250**
Alabama*	10,404	5,300	18,310	5,566	na	na	4,838	na	na
Alaska*	1,099	970	2,390	609	na	na	490	na	na
Arizona	8,039	5,210	15,380	6,403	4,770	12,930	1,636	440	2,450
Arkansas	6,578	2,100	10,200	4,240	1,630	6,880	2,338	470	3,320
California*	50,400	74,520	142,450	38,967	na	na	11,433	na	na
Colorado	5,836	6,260	13,650	5,011	5,590	12,160	625	670	1,490
Connecticut	3,948	6,160	11,510	2,705	na	na	1,243	na	na
Delaware*	1,285	950	2,590	700	na	na	585	na	na
D.C.	1,697	2,690	5,000	90	na	na	1,607	na	na
Florida*	22,133	19,560	48,080	12,947	na	na	9,186	na	na
Georgia	16,219	10,170	30,650	8,454	6,220	16,990	7,765	3,950	13,660
Hawaii	1,788	2,280	4,650	298	640	1,060	1,490	1,640	3,590
Idaho	1,826	840	3,120	1,725	820	2,980	101	20	140
Illinois*	22,060	16,770	44,920	12,184	na	na	9,876	na	na
Indiana	11,238	5,280	19,290	8,961	4,200	15,370	2,277	1,080	3,920
Iowa*	3,783	2,880	7,710	3,498	na	na	285	na	na
Kansas	4,449	2,140	7,690	3,648	1,910	6,470	801	230	1,220
Kentucky*	9,109	2,360	13,530	7,999	na	na	1,110	na	na
Louisiana	13,713	4,320	21,210	6,292	2,440	10,230	7,421	1,880	10,980
Maine	1,962	1,620	4,140	1,918	1,590	4,050	44	30	90
Maryland	8,021	10,010	20,640	3,822	6,070	11,260	4,199	3,940	9,380
Massachusetts	6,858	10,210	19,460	5,664	na	na	1,194	na	na
Michigan	16,280	18,650	40,050	10,950	na	na	5,330	na	na
Minnesota	5,030	4,050	10,490	4,140	3,750	9,090	890	300	1,400
Mississippi	8,688	2,150	12,790	3,269	1,330	5,380	5,419	820	7,410
Missouri	10,179	5,550	18,320	7,184	4,090	13,120	2,995	1,460	5,200
Montana	1,324	890	2,570	990	850	2,130	334	40	440
Nebraska	2,299	1,690	4,620	1,876	na	na	423	na	na
Nevada	1,824	1,960	4,340	1,322	1,730	3,490	502	230	850
New Hampshire*	1,266	1,780	3,480	1,252	na	na	14	na	na
New Jersey	10,075	17,490	31,330	5,220	8,430	15,540	4,855	9,060	15,790
New Mexico	4,232	1,790	7,050	3,416	1,690	5,960	816	100	1,090
New York	25,492	41,630	76,380	15,223	25,650	46,480	10,269	15,980	29,900
North Carolina	13,989	9,920	27,700	7,846	6,370	16,420	6,143	3,550	11,280
North Dakota	906	470	1,600	712	450	1,340	194	20	260
Ohio	20,928	13,590	40,060	15,444	10,090	29,630	5,484	3,500	10,430
Oklahoma*	8,267	3,600	13,880	5,856	na	na	2,411	na	na
Oregon	4,143	4,030	9,400	3,762	3,820	8,720	381	210	680
Pennsylvania	18,165	15,520	38,870	12,782	na	na	5,383	na	na
Rhode Island	1,392	1,500	3,320	1,129	na	na	263	na	na
South Carolina	8,530	3,610	14,210	3,962	2,430	7,430	4,568	1,180	6,780
South Dakota	1,213	510	2,020	802	470	1,490	411	40	530
Tennessee	11,123	5,490	19,390	7,493	4,120	13,530	3,630	1,370	5,860
Texas*	45,950	24,630	82,230	36,295	na	na	9,655	na	na
Utah	3,300	1,000	5,060	3,074	910	4,690	226	90	370
Vermont	780	800	1,820	775	800	1,820	5	0	0
Virginia	10,250	9,790	23,070	5,999	6,900	14,790	4,251	2,890	8,280
Washington	7,114	7,500	16,790	5,955	6,610	14,420	1,159	890	2,370
WestVirginia*	4,054	1,400	6,400	3,855	na	na	199	na	na
Wisconsin*	7,374	5,000	14,350	5,458	na	na	1,916	na	na
Wyoming	1,073	610	1,960	983	na	na	90	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 8. Numbers of births, abortions and pregnancies to women 15–17, by race and state of residence, 1985

State	All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
U.S. total	**167,789**	**165,630**	**383,540**	**106,042**	**113,340**	**251,920**	**61,747**	**52,290**	**131,620**
Alabama*	3,952	2,420	7,400	1,919	na	na	2,033	na	na
Alaska*	315	420	840	171	na	na	144	na	na
Arizona	2,761	1,700	5,180	2,168	1,560	4,310	593	140	870
Arkansas†	2,430	860	3,860	1,416	650	2,410	1,014	210	1,450
California*	17,522	30,290	54,350	13,225	na	na	4,297	na	na
Colorado	1,937	2,800	5,400	1,722	2,520	4,830	215	280	570
Connecticut	1,420	2,840	4,830	909	na	na	511	na	na
Delaware*	458	420	1,010	213	na	na	245	na	na
D.C.†	652	1,170	2,070	30	na	na	622	na	na
Florida*	8,211	8,770	19,500	4,245	na	na	3,966	na	na
Georgia	6,223	4,630	12,560	2,904	2,750	6,510	3,319	1,880	6,050
Hawaii	509	920	1,620	60	260	360	449	660	1,260
Idaho	557	280	980	523	270	930	34	10	50
Illinois*	8,297	6,550	17,160	3,905	na	na	4,392	na	na
Indiana	3,935	1,880	6,790	2,925	1,400	5,050	1,010	480	1,740
Iowa*	1,195	1,180	2,730	1,084	na	na	111	na	na
Kansas	1,415	1,020	2,820	1,103	910	2,320	312	110	500
Kentucky*	3,462	1,030	5,290	3,000	na	na	462	na	na
Louisiana	5,272	1,510	7,990	2,160	780	3,450	3,112	730	4,540
Maine	609	690	1,490	593	680	1,460	16	10	30
Maryland	2,947	4,330	8,300	1,212	2,600	4,310	1,735	1,730	3,990
Massachusetts†	2,276	4,279	7,430	1,802	na	na	474	na	na
Michigan†	5,825	7,130	14,830	3,503	na	na	2,322	na	na
Minnesota	1,522	1,490	3,470	1,162	1,360	2,890	360	130	580
Mississippi	3,608	1,000	5,430	1,118	630	2,030	2,490	370	3,400
Missouri	3,495	2,290	6,710	2,313	1,640	4,580	1,182	650	2,130
Montana	421	360	900	304	340	740	117	20	160
Nebraska	766	730	1,720	583	na	na	183	na	na
Nevada	609	780	1,590	406	670	1,230	203	110	360
New Hampshire*	347	760	1,250	344	na	na	3	na	na
New Jersey†	3,734	7,370	12,590	1,617	3,550	5,850	2,117	3,820	6,740
New Mexico	1,487	810	2,680	1,212	780	2,320	275	30	360
NewYork	9,015	17,380	29,940	4,938	9,990	16,920	4,077	7,390	13,020
North Carolina	5,151	4,570	11,210	2,594	2,900	6,300	2,557	1,670	4,910
North Dakota	260	170	500	179	160	390	81	10	110
Ohio	7,250	5,350	14,590	4,928	3,770	10,070	2,322	1,580	4,520
Oklahoma*	3,006	1,580	5,350	2,060	na	na	946	na	na
Oregon	1,350	1,760	3,560	1,188	1,670	3,270	162	90	290
Pennsylvania	6,531	6,690	15,200	4,168	na	na	2,363	na	na
Rhode Island	448	460	1,040	355	na	na	93	na	na
South Carolina	3,227	1,650	5,690	1,330	1,080	2,790	1,897	570	2,900
South Dakota	375	230	700	233	210	510	142	20	190
Tennessee	4,157	2,340	7,560	2,549	1,720	4,950	1,608	620	2,610
Texas*	17,457	9,790	31,720	13,450	na	na	4,007	na	na
Utah	1,049	360	1,650	965	330	1,520	84	30	130
Vermont	229	340	650	227	340	650	2	0	0
Virginia	3,589	4,270	9,000	1,879	2,920	5,460	1,710	1,350	3,540
Washington	2,393	3,270	6,470	1,952	2,910	5,540	441	360	930
West Virginia*	1,422	600	2,370	1,342	na	na	80	na	na
Wisconsin*	2,390	1,840	4,890	1,560	na	na	830	na	na
Wyoming	321	280	690	294	na	na	27	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Partitioning of teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 9. Numbers of births, abortions and pregnancies to women 18–19, by race and state of residence, 1985

State	All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
U.S. total	**299,696**	**233,570**	**616,570**	**212,683**	**167,920**	**439,940**	**87,013**	**65,650**	**176,630**
Alabama*	6,452	2,880	10,910	3,647	na	na	2,805	na	na
Alaska*	784	550	1,550	438	na	na	346	na	na
Arizona	5,278	3,510	10,200	4,235	3,210	8,620	1,043	300	1,580
Arkansas†	4,148	1,240	6,340	2,824	980	4,470	1,324	260	1,870
California*	32,878	44,230	88,100	25,742	na	na	7,136	na	na
Colorado	3,699	3,460	8,250	3,289	3,070	7,330	410	390	920
Connecticut	2,528	3,320	6,660	1,796	na	na	732	na	na
Delaware*	827	530	1,580	487	na	na	340	na	na
D.C.†	1,045	1,520	2,930	60	na	na	985	na	na
Florida*	13,922	10,790	28,580	8,702	na	na	5,220	na	na
Georgia	9,996	5,540	18,090	5,550	3,470	10,480	4,446	2,070	7,610
Hawaii	1,279	1,360	3,030	238	380	700	1,041	980	2,330
Idaho	1,269	560	2,140	1,202	550	2,050	67	10	90
Illinois*	13,763	10,220	27,760	8,279	na	na	5,484	na	na
Indiana	7,303	3,400	12,500	6,036	2,800	10,320	1,267	600	2,180
Iowa*	2,588	1,700	4,980	2,414	na	na	174	na	na
Kansas	3,034	1,120	4,870	2,545	1,000	4,150	489	120	720
Kentucky*	5,647	1,330	8,240	4,999	na	na	648	na	na
Louisiana	8,441	2,810	13,220	4,132	1,660	6,780	4,309	1,150	6,440
Maine	1,353	930	2,650	1,325	910	2,590	28	20	60
Maryland	5,074	5,660	12,340	2,610	3,470	6,950	2,464	2,210	5,390
Massachusetts†	4,582	5,940	12,030	3,862	na	na	720	na	na
Michigan†	10,455	11,520	25,220	7,447	na	na	3,008	na	na
Minnesota	3,508	2,560	7,020	2,978	2,390	6,200	530	170	820
Mississippi	5,080	1,150	7,360	2,151	700	3,350	2,929	450	4,010
Missouri	6,684	3,260	11,810	4,871	2,450	8,540	1,813	810	3,070
Montana	903	530	1,670	686	510	1,390	217	20	280
Nebraska	1,533	960	2,900	1,293	na	na	240	na	na
Nevada	1,215	1,180	2,750	916	1,060	2,260	299	120	490
New Hampshire*	919	1,020	2,230	908	na	na	11	na	na
New Jersey†	6,341	10,120	18,740	3,603	4,880	9,690	2,738	5,240	9,050
New Mexico	2,745	980	4,370	2,204	910	3,640	541	70	730
New York	16,477	24,250	46,440	10,285	15,660	29,560	6,192	8,590	16,880
North Carolina	8,838	5,350	16,490	5,252	3,470	10,120	3,586	1,880	6,370
North Dakota	646	300	1,100	533	290	950	113	10	150
Ohio	13,678	8,240	25,470	10,516	6,320	19,560	3,162	1,920	5,910
Oklahoma*	5,261	2,020	8,530	3,796	na	na	1,465	na	na
Oregon	2,793	2,270	5,840	2,574	2,150	5,450	219	120	390
Pennsylvania	11,634	8,830	23,670	8,614	na	na	3,020	na	na
Rhode Island	944	1,040	2,280	774	na	na	170	na	na
South Carolina	5,303	1,960	8,520	2,632	1,350	4,640	2,671	610	3,880
South Dakota	838	280	1,320	569	260	980	269	20	340
Tennessee	6,966	3,150	11,830	4,944	2,400	8,580	2,022	750	3,250
Texas*	28,493	14,840	50,510	22,845	na	na	5,648	na	na
Utah	2,251	640	3,410	2,109	580	3,170	142	60	240
Vermont	551	460	1,170	548	460	1,170	3	0	0
Virginia	6,661	5,520	14,070	4,120	3,980	9,330	2,541	1,540	4,740
Washington	4,721	4,230	10,320	4,003	3,700	8,880	718	530	1,440
West Virginia*	2,632	800	4,030	2,513	na	na	119	na	na
Wisconsin*	4,984	3,160	9,460	3,898	na	na	1,086	na	na
Wyoming	752	330	1,270	689	na	na	63	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Partitioning of teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 10. Numbers of births, abortions and pregnancies to women <15, by race and state of residence, 1985

State	All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
U.S. total	**10,220**	**16,970**	**30,930**	**4,101**	**7,570**	**13,250**	**6,119**	**9,400**	**17,680**
Alabama*	298	330	720	72	na	na	226	na	na
Alaska*	13	30	50	3	na	na	10	na	na
Arizona	117	180	340	69	160	260	48	20	80
Arkansas	178	140	370	35	70	120	143	70	250
California*	890	2,280	3,580	573	na	na	317	na	na
Colorado	90	170	300	69	140	240	21	30	60
Connecticut	102	220	360	45	na	na	57	na	na
Delaware*	33	50	90	10	na	na	23	na	na
D.C.	64	220	320	1	na	na	63	na	na
Florida*	641	1,130	2,010	169	na	na	472	na	na
Georgia	467	640	1,260	106	250	400	361	390	860
Hawaii	8	80	100	2	10	20	6	70	80
Idaho	18	20	40	17	20	40	1	0	0
Illinois*	586	710	1,480	142	na	na	444	na	na
Indiana	178	310	550	96	170	300	82	140	250
Iowa*	54	110	190	39	na	na	15	na	na
Kansas	73	90	190	45	70	130	28	20	60
Kentucky*	189	130	370	134	na	na	55	na	na
Louisiana	377	230	710	71	60	160	306	170	550
Maine	18	40	70	18	40	70	0	0	0
Maryland	232	620	960	46	180	250	186	440	710
Massachusetts	113	260	420	72	na	na	41	na	na
Michigan	352	970	1,490	108	na	na	244	na	na
Minnesota	56	110	190	27	80	120	29	30	70
Mississippi	351	140	580	48	40	110	303	100	470
Missouri	209	280	560	91	130	250	118	150	310
Montana	11	30	50	8	30	50	3	0	0
Nebraska	23	50	80	15	na	na	8	na	na
Nevada	34	60	110	16	50	80	18	10	30
New Hampshire*	11	40	60	11	na	na	0	na	na
New Jersey	248	990	1,390	63	170	270	185	820	1,120
New Mexico	63	60	140	45	50	110	18	10	30
New York	501	1,700	2,470	209	690	1,010	292	1,010	1,460
North Carolina	333	560	1,020	92	210	350	241	350	670
North Dakota	8	10	20	4	10	20	4	0	0
Ohio	444	410	980	172	160	380	272	250	600
Oklahoma*	150	160	360	65	na	na	85	na	na
Oregon	42	140	200	32	120	170	10	20	30
Pennsylvania	360	650	1,150	123	na	na	237	na	na
Rhode Island	22	40	70	14	na	na	8	na	na
South Carolina	279	160	510	56	60	130	223	100	380
South Dakota	19	20	40	5	20	20	14	0	20
Tennessee	294	300	680	99	140	270	195	160	410
Texas*	1,079	1,020	2,420	676	na	na	403	na	na
Utah	26	30	60	22	30	60	4	0	0
Vermont	5	20	30	5	20	30	0	0	0
Virginia	256	490	850	71	210	320	185	280	530
Washington	109	200	350	85	150	270	24	50	80
West Virginia*	63	80	160	52	na	na	11	na	na
Wisconsin*	123	230	400	45	na	na	78	na	na
Wyoming	10	30	50	8	na	na	2	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 11. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 15–19, by race and state of residence, and state ranks, 1985

State	Rate									State rank								
	All races			White			Nonwhite			All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
(No.of states)	(50)	(50)	(50)	(50)	(30)	(30)	(36)	(23)	(23)	(50)	(50)	(50)	(50)	(30)	(30)	(36)	(23)	(23)
U.S. total	**51**	**44**	**110**	**43**	**38**	**93**	**90**	**71**	**186**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
Alabama*	64	32	112	51	na	na	90	na	na	10	28	16	14	na	na	23	na	na
Alaska*	66	59	144	52	na	na	na	na	na	9	6	2	12	na	na	na	na	na
Arizona	67	43	128	61	46	124	100	27	150	8	17	5	3	6	1	10	18	15
Arkansas	72	23	111	61	23	99	106	21	150	3	42	18	4	21	6	8	20	14
California*	54	79	151	51	na	na	67	na	na	17	1	1	15	na	na	35	na	na
Colorado	46	51	112	44	49	107	79	84	187	30	10	17	23	5	5	31	3	5
Connecticut	33	52	96	25	na	na	96	na	na	46	8	28	48	na	na	16	na	na
Delaware*	50	37	101	35	na	na	107	na	na	23	23	26	32	na	na	7	na	na
D.C.	72	113	211	25	na	na	80	na	na									
Florida*	58	51	126	43	na	na	114	na	na	14	9	6	26	na	na	4	na	na
Georgia	70	44	132	57	42	115	91	46	160	6	16	3	7	9	3	21	13	11
Hawaii	48	61	125	27	59	97	57	62	137	27	4	8	46	1	7	36	5	19
Idaho	46	21	78	44	21	77	na	na	na	31	44	43	21	26	24	na	na	na
Illinois*	50	38	103	35	na	na	115	na	na	22	22	23	34	na	na	3	na	na
Indiana	51	24	87	45	21	77	99	47	170	21	39	37	19	25	23	12	12	8
Iowa*	33	25	67	32	na	na	na	na	na	47	38	48	41	na	na	na	na	na
Kansas	49	23	84	44	23	78	99	28	150	26	41	40	22	22	22	13	17	13
Kentucky*	62	16	92	60	na	na	79	na	na	11	49	33	5	na	na	29	na	na
Louisiana	71	22	109	54	21	88	96	24	142	4	43	19	10	27	18	15	19	16
Maine	44	36	92	43	36	91	na	na	na	32	24	32	25	14	15	na	na	na
Maryland	47	59	121	32	51	94	82	77	184	29	5	9	40	3	11	26	4	6
Massachusetts	30	45	86	27	na	na	80	na	na	49	14	39	47	na	na	28	na	na
Michigan	44	50	107	35	na	na	92	na	na	33	11	20	33	na	na	20	na	na
Minnesota	30	24	62	25	23	55	141	47	222	50	40	49	49	23	29	2	11	3
Mississippi	77	19	113	55	22	90	101	15	138	1	45	14	9	24	16	9	22	18
Missouri	53	29	95	43	25	79	112	55	195	19	33	31	24	20	21	5	8	4
Montana	42	28	82	34	29	74	na	na	na	35	34	42	35	17	25	na	na	na
Nebraska	37	27	75	32	na	na	na	na	na	42	35	45	39	na	na	na	na	na
Nevada	53	57	125	45	58	118	99	45	168	20	7	7	20	2	2	11	14	9
New Hampshire*	32	46	89	32	na	na	na	na	na	48	13	34	37	na	na	na	na	na
New Jersey	36	63	113	23	38	70	91	170	296	43	3	13	50	11	27	22	1	1
New Mexico	70	30	116	66	33	115	94	12	126	5	30	11	2	15	4	17	23	21
New York	39	64	117	29	49	89	77	120	225	39	2	10	44	4	17	32	2	2
North Carolina	57	41	114	46	38	97	83	48	152	15	19	12	18	12	8	25	10	12
North Dakota	34	17	60	28	18	53	na	na	na	45	48	50	45	29	30	na	na	na
Ohio	50	33	96	43	28	83	93	59	177	24	27	29	27	19	19	19	7	7
Oklahoma*	67	29	113	58	na	na	109	na	na	7	32	15	6	na	na	6	na	na
Oregon	42	41	95	40	41	94	67	37	119	36	18	30	28	10	12	34	15	22
Pennsylvania	41	35	87	33	na	na	94	na	na	38	26	36	36	na	na	18	na	na
Rhode Island	37	40	89	32	na	na	na	na	na	41	20	35	38	na	na	na	na	na
South Carolina	61	26	102	49	30	92	79	20	117	12	36	25	16	16	14	30	21	23
South Dakota	42	18	70	31	18	57	na	na	na	37	47	47	42	28	28	na	na	na
Tennessee	60	29	104	52	29	95	83	31	134	13	31	22	11	18	10	24	16	20
Texas*	73	39	131	69	na	na	96	na	na	2	21	4	1	na	na	14	na	na
Utah	49	15	75	48	14	73	na	na	na	25	50	44	17	30	26	na	na	na
Vermont	35	36	82	35	36	83	na	na	na	44	25	41	31	13	20	na	na	na
Virginia	47	45	106	38	43	93	72	49	141	28	15	21	30	8	13	33	9	17
Washington	43	46	103	40	44	97	81	62	165	34	12	24	29	7	9	27	6	10
West Virginia*	55	19	87	55	na	na	na	na	na	16	46	38	8	na	na	na	na	na
Wisconsin*	37	25	73	29	na	na	162	na	na	40	37	46	43	na	na	1	na	na
Wyoming	54	30	98	51	na	na	na	na	na	18	29	27	13	na	na	na	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 12. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 15–17, by race and state of residence, and state ranks, 1985

State	Rate									State rank								
	All races			White			Nonwhite			All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
(No. of states)	(50)	(50)	(50)	(50)	(30)	(30)	(30)	(18)	(18)	(50)	(50)	(50)	(50)	(30)	(30)	(30)	(18)	(18)
U.S. total	**31**	**31**	**71**	**24**	**26**	**57**	**63**	**53**	**134**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
Alabama*	41	25	77	30	na	na	64	na	na	7	25	9	12	na	na	17	na	na
Alaska*	30	4	81	23	na	na	na	na	na	20	6	6	23	na	na	na	na	na
Arizona	39	24	73	35	25	70	60	14	88	11	27	16	4	13	4	19	16	15
Arkansas†	44	15	69	33	15	57	76	16	108	5	40	21	6	23	14	5	15	10
California*	32	55	98	29	na	na	43	na	na	17	1	1	13	na	na	29	na	na
Colorado	27	40	76	26	38	73	na	na	na	28	7	10	18	2	3	na	na	na
Connecticut	19	39	66	14	na	na	64	na	na	44	8	26	46	na	na	16	na	na
Delaware*	31	29	69	19	na	na	na	na	na	18	19	22	31	na	na	na	na	na
D.C.†	53	95	169	na	na	na	55	na	na									
Florida*	36	39	86	24	na	na	82	na	na	14	9	3	21	na	na	3	na	na
Georgia	45	33	90	33	31	73	66	37	120	4	13	2	7	7	2	14	10	7
Hawaii	23	41	72	9	41	57	28	41	78	36	5	17	50	1	15	30	7	17
Idaho	24	12	42	23	12	41	na	na	na	33	47	45	22	26	27	na	na	na
Illinois*	32	25	66	19	na	na	86	na	na	16	24	27	34	na	na	2	na	na
Indiana	30	14	52	25	12	43	75	36	130	21	43	40	19	27	23	6	11	6
Iowa*	18	18	41	17	na	na	na	na	na	46	38	48	39	na	na	na	na	na
Kansas	27	19	54	23	19	48	na	na	na	29	36	38	25	19	20	na	na	na
Kentucky*	39	12	60	37	na	na	58	na	na	10	48	29	3	na	na	21	na	na
Louisiana	46	13	70	32	11	50	68	16	99	3	46	18	10	28	19	11	14	14
Maine	22	25	55	22	25	54	na	na	na	37	23	36	27	14	16	na	na	na
Maryland	28	42	80	17	35	59	56	56	130	24	4	7	40	4	10	23	3	5
Massachusetts†	17	33	57	15	na	na	57	na	na	47	15	34	44	na	na	22	na	na
Michigan†	26	32	67	19	na	na	67	na	na	30	17	25	32	na	na	13	na	na
Minnesota	15	15	35	12	14	30	na	na	na	50	42	49	48	24	29	na	na	na
Mississippi	54	15	81	32	18	58	78	12	107	1	41	5	9	20	12	4	17	11
Missouri	31	20	59	24	17	47	75	41	135	19	35	31	20	22	22	7	6	3
Montana	22	19	48	18	20	43	na	na	na	38	37	43	37	18	24	na	na	na
Nebraska	21	20	48	17	na	na	na	na	na	41	33	42	38	na	na	na	na	na
Nevada	29	37	75	23	37	68	na	na	na	23	10	12	26	3	5	na	na	na
New Hampshire*	15	33	55	15	na	na	na	na	na	49	12	35	43	na	na	na	na	na
New Jersey†	22	43	73	12	26	42	65	117	206	40	3	14	49	12	26	15	1	1
New Mexico	41	22	73	39	25	74	51	6	67	8	28	15	2	15	1	26	18	18
New York	23	44	76	16	32	54	50	91	161	35	2	11	41	6	17	27	2	2
North Carolina	36	32	79	26	29	64	59	38	113	13	16	8	16	10	6	20	9	8
North Dakota	17	11	32	12	11	27	na	na	na	48	49	50	47	29	30	na	na	na
Ohio	29	22	59	23	18	47	67	46	131	22	31	32	24	21	21	12	4	4
Oklahoma*	42	22	74	35	na	na	71	na	na	6	29	13	5	na	na	8	na	na
Oregon	23	30	61	22	30	59	na	na	na	34	18	28	29	9	9	na	na	na
Pennsylvania	25	25	58	18	na	na	69	na	na	31	22	33	35	na	na	9	na	na
Rhode Island	21	22	50	18	na	na	na	na	na	42	30	41	36	na	na	na	na	na
South Carolina	40	20	70	28	23	59	55	17	84	9	34	19	14	16	8	24	13	16
South Dakota	22	14	42	15	14	34	na	na	na	39	45	47	42	25	28	na	na	na
Tennessee	38	21	68	30	20	58	63	24	103	12	32	23	11	17	11	18	12	12
Texas*	47	26	86	43	na	na	69	na	na	2	21	4	1	na	na	10	na	na
Utah	28	10	44	27	9	43	na	na	na	25	50	44	15	30	25	na	na	na
Vermont	19	28	53	19	28	53	na	na	na	45	20	39	33	11	18	na	na	na
Virginia	28	33	69	20	31	58	49	39	102	26	14	20	30	8	13	28	8	13
Washington	25	34	67	22	33	63	52	43	110	32	11	24	28	5	7	25	5	9
West Virginia*	32	14	54	32	na	na	na	na	na	15	44	37	8	na	na	na	na	na
Wisconsin*	21	16	42	14	na	na	119	na	na	43	39	46	45	na	na	1	na	na
Wyoming	28	24	60	26	na	na	na	na	na	27	26	30	17	na	na	na	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Partitioning of teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 13. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 18–19, by race and state of residence, and state ranks, 1985

State	Rate									State rank								
	All races			White			Nonwhite			All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
(No. of states)	(50)	(50)	(50)	(48)	(29)	(29)	(28)	(17)	(17)	(50)	(50)	(50)	(48)	(29)	(29)	(28)	(17)	(17)
U.S. total	**81**	**43**	**166**	**70**	**55**	**145**	**129**	**97**	**261**	na	na	na	na	na	na	na	na	na
Alabama*	97	43	164	82	na	na	128	na	na	10	28	17	13	na	na	17	na	na
Alaska*	127	89	250	na	na	na	na	na	na	1	5	1	na	na	na	na	na	na
Arizona	107	71	207	99	75	202	162	47	245	6	10	3	4	3	1	3	12	5
Arkansas†	115	34	176	103	36	164	152	30	215	3	41	13	3	19	5	6	15	11
California*	85	114	228	82	na	na	100	na	na	20	1	2	14	na	na	26	na	na
Colorado	72	68	161	69	64	154	na	na	na	32	12	19	26	5	6	na	na	na
Connecticut	55	72	145	44	na	na	144	na	na	47	9	30	46	na	na	7	na	na
Delaware*	76	49	144	56	na	na	na	na	na	28	25	32	35	na	na	na	na	na
D.C.†	91	133	255	na	na	na	111	na	na									
Florida*	91	71	187	72	na	na	161	na	na	14	11	8	24	na	na	4	na	na
Georgia	107	59	194	95	59	178	128	60	219	7	18	7	5	8	3	16	11	10
Hawaii	87	93	207	na	na	na	103	97	231	18	4	4	na	na	na	27	4	8
Idaho	75	33	127	73	33	125	na	na	na	31	43	40	21	24	21	na	na	na
Illinois*	78	58	157	59	na	na	156	na	na	25	19	22	32	na	na	5	na	na
Indiana	80	37	137	74	34	127	132	63	227	23	36	35	18	23	19	12	9	9
Iowa*	54	35	104	52	na	na	na	na	na	48	39	48	39	na	na	na	na	na
Kansas	79	29	126	73	29	118	na	na	na	24	44	41	22	26	24	na	na	na
Kentucky*	95	22	138	93	na	na	107	na	na	11	49	34	6	na	na	25	na	na
Louisiana	106	35	166	86	35	141	136	36	204	8	40	16	10	22	15	8	14	13
Maine	76	53	150	76	52	148	na	na	na	26	22	27	17	11	8	na	na	na
Maryland	76	85	185	56	75	150	122	110	267	27	7	9	34	4	7	18	3	4
Massachusetts†	48	62	126	43	na	na	108	na	na	50	17	42	47	na	na	24	na	na
Michigan†	70	77	168	59	na	na	128	na	na	35	8	14	31	na	na	15	na	na
Minnesota	50	37	100	44	35	92	na	na	na	49	38	49	45	21	27	na	na	na
Mississippi	110	25	160	89	29	138	134	21	184	5	47	20	9	25	16	9	17	15
Missouri	84	41	146	71	36	125	166	74	282	21	32	29	25	20	20	2	7	3
Montana	72	42	132	59	44	120	na	na	na	33	29	38	30	15	22	na	na	na
Nebraska	59	37	112	53	na	na	na	na	na	42	37	46	38	na	na	na	na	na
Nevada	89	87	202	79	91	195	na	na	na	16	6	5	15	1	2	na	na	na
New Hampshire*	56	62	136	56	na	na	na	na	na	45	16	37	33	na	na	na	na	na
New Jersey†	60	96	179	43	58	115	132	253	438	41	2	11	48	9	25	11	1	1
New Mexico	115	41	183	108	44	178	na	na	na	2	31	10	1	14	4	na	na	na
New York	63	93	178	49	75	142	119	165	324	39	3	12	43	2	14	20	2	2
North Carolina	87	52	162	74	49	142	117	61	207	19	23	18	20	12	13	21	10	12
North Dakota	57	26	97	49	27	87	na	na	na	44	46	50	44	27	29	na	na	na
Ohio	81	49	150	72	44	135	129	79	242	22	24	26	23	16	18	14	6	7
Oklahoma*	103	40	168	90	na	na	167	na	na	9	33	15	7	na	na	1	na	na
Oregon	69	56	145	68	57	144	na	na	na	37	21	31	27	10	12	na	na	na
Pennsylvania	64	48	130	54	na	na	130	na	na	38	26	39	37	na	na	13	na	na
Rhode Island	58	63	139	50	na	na	na	na	na	43	14	33	42	na	na	na	na	na
South Carolina	92	34	148	78	40	137	113	26	164	12	42	28	16	18	17	22	16	17
South Dakota	69	23	109	52	24	89	na	na	na	36	48	47	40	28	28	na	na	na
Tennessee	91	41	155	85	41	148	111	41	178	13	30	24	12	17	9	23	13	16
Texas*	111	58	196	106	na	na	134	na	na	4	20	6	2	na	na	10	na	na
Utah	75	21	114	74	20	111	na	na	na	29	50	45	19	29	26	na	na	na
Vermont	55	46	117	56	47	119	na	na	na	46	27	43	36	13	23	na	na	na
Virginia	75	63	159	64	62	145	106	64	198	30	15	21	29	6	11	26	8	14
Washington	71	64	155	66	61	147	121	89	242	34	13	23	28	7	10	19	5	6
WestVirginia*	89	27	136	89	na	na	na	na	na	17	45	36	8	na	na	na	na	na
Wisconsin*	61	39	116	51	na	na	na	na	na	40	35	44	41	na	na	na	na	na
Wyoming	90	39	151	85	na	na	na	na	na	15	34	25	11	na	na	na	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Partitioning of teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 14. Numbers of births, abortions and pregnancies to women 15–19, by race and state of residence, 1984

State	All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
U.S. total	**469,682**	**398,870**	**1,002,370**	**320,953**	**286,610**	**700,410**	**148,729**	**112,260**	**301,960**
Alabama*	10,496	5,170	18,290	5,457	na	na	5,039	na	na
Alaska*	1,191	900	2,420	645	na	na	546	na	na
Arizona	7,737	4,970	14,750	6,042	4,540	12,250	1,695	430	2,500
Arkansas	6,766	2,010	10,330	4,379	1,610	7,020	2,387	400	3,310
California*	49,399	73,250	139,850	37,877	na	na	11,522	na	na
Colorado	5,729	5,950	13,420	5,105	5,390	12,060	624	560	1,360
Connecticut	3,889	6,120	11,390	2,662	na	na	1,227	na	na
Delaware*	1,235	1,040	2,630	689	na	na	546	na	na
D.C.	1,691	2,470	4,750	73	na	na	1,618	na	na
Florida*	22,187	19,480	48,060	13,098	na	na	9,089	na	na
Georgia	15,931	10,140	30,270	8,048	6,520	16,830	7,883	3,620	13,440
Hawaii	1,911	2,160	4,670	362	560	1,060	1,549	1,600	3,610
Idaho	1,918	860	3,250	1,818	840	3,110	100	20	140
Illinois*	22,758	17,640	46,710	12,617	na	na	10,141	na	na
Indiana	11,113	5,630	19,530	8,953	4,420	15,600	2,160	1,210	3,930
Iowa*	3,959	3,030	8,090	3,635	na	na	324	na	na
Kansas	4,655	2,610	8,460	3,802	2,380	7,180	853	230	1,280
Kentucky*	9,519	2,460	14,130	8,359	na	na	1,160	na	na
Louisiana	13,892	4,750	21,890	6,461	2,870	10,910	7,431	1,880	10,980
Maine	2,029	1,630	4,230	1,984	1,610	4,160	45	20	70
Maryland	8,129	10,170	20,940	3,964	6,390	11,790	4,165	3,780	9,150
Massachusetts	6,935	8,780	17,980	5,793	na	na	1,142	na	na
Michigan	16,481	19,100	40,790	11,000	na	na	5,481	na	na
Minnesota	5,213	4,200	10,880	4,396	3,900	9,570	817	300	1,310
Mississippi	8,902	2,090	12,990	3,269	1,320	5,390	5,633	770	7,600
Missouri	10,341	6,410	19,460	7,342	4,760	14,050	2,999	1,650	5,410
Montana	1,446	880	2,700	1,114	850	2,260	332	30	440
Nebraska	2,508	1,680	4,860	2,057	na	na	451	na	na
Nevada	1,776	1,930	4,250	1,300	1,660	3,380	476	270	870
New Hampshire*	1,213	1,710	3,340	1,193	na	na	20	na	na
New Jersey	10,031	17,200	30,960	5,283	8,920	16,150	4,748	8,280	14,810
New Mexico	4,244	1,670	6,930	3,442	1,540	5,830	802	130	1,100
New York	25,689	41,610	76,600	15,459	26,360	47,550	10,230	15,250	29,050
North Carolina	13,835	10,470	28,120	7,645	6,810	16,660	6,190	3,660	11,460
North Dakota	1,001	540	1,800	917	520	1,560	184	20	240
Ohio	20,894	13,560	39,990	15,705	10,020	29,870	5,189	3,540	10,120
Oklahoma*	8,668	3,520	14,280	6,221	na	na	2,447	na	na
Oregon	4,248	3,960	9,450	3,841	3,740	8,720	407	220	730
Pennsylvania	17,957	16,240	39,410	13,067	na	na	4,890	na	na
Rhode Island	1,285	1,480	3,170	1,069	na	na	216	na	na
South Carolina	8,494	3,530	14,070	3,840	2,410	7,250	4,654	1,120	6,820
South Dakota	1,327	560	2,210	940	530	1,710	387	30	500
Tennessee	11,033	5,490	19,270	7,548	4,180	13,650	3,485	1,310	5,620
Texas*	45,939	24,270	81,830	36,004	na	na	9,935	na	na
Utah	3,305	1,020	5,080	3,067	920	4,690	238	100	390
Vermont	798	770	1,810	789	760	1,790	9	10	20
Virginia	10,211	9,360	22,550	6,049	6,650	14,570	4,162	2,710	7,980
Washington	7,062	7,120	16,310	5,992	6,340	14,170	1,070	780	2,140
West Virginia*	4,301	1,500	6,820	4,096	na	na	205	na	na
Wisconsin*	7,293	5,260	14,540	5,557	na	na	1,736	na	na
Wyoming	1,118	520	1,920	1,028	na	na	90	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 15. Number of births, abortions and pregnancies to women 15–17, by race and state of residence, 1984

State	All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
U.S. total	**166,744**	**160,900**	**377,080**	**105,016**	**111,570**	**248,740**	**61,728**	**49,330**	**128,340**
Alabama*	4,031	2,300	7,370	1,845	na	na	2,186	na	na
Alaska*	309	380	790	139	na	na	170	na	na
Arizona	2,788	1,520	5,020	2,129	1,390	4,090	659	130	930
Arkansas	2,505	880	3,970	1,439	690	2,480	1,066	190	1,490
California*	17,223	29,150	52,730	12,918	na	na	4,305	na	na
Colorado	1,859	2,520	5,000	1,635	2,300	4,490	224	220	510
Connecticut	1,382	2,660	4,580	862	na	na	520	na	na
Delaware*	409	450	990	208	na	na	201	na	na
D.C.†	622	1,030	1,880	24	na	na	598	na	na
Florida*	8,096	8,420	18,980	4,081	na	na	4,015	na	na
Georgia	6,139	4,520	12,340	2,808	2,810	6,460	3,331	1,710	5,880
Hawaii	525	890	1,610	77	220	340	448	670	1,270
Idaho	615	290	1,060	582	280	1,010	33	10	50
Illinois*	8,354	7,040	17,770	3,957	na	na	4,397	na	na
Indiana	3,918	2,190	7,110	2,959	1,630	5,340	959	560	1,770
Iowa*	1,214	1,210	2,790	1,089	na	na	125	na	na
Kansas	1,370	1,120	2,880	1,079	1,020	2,420	291	100	460
Kentucky*	3,526	1,060	5,400	3,016	na	na	510	na	na
Louisiana	5,431	1,460	8,120	2,218	810	3,550	3,213	650	4,570
Maine	595	750	1,540	584	740	1,520	11	10	20
Maryland	3,061	4,280	8,380	1,326	2,580	4,430	1,735	1,700	3,950
Massachusetts†	2,288	3,510	6,610	1,826	na	na	462	na	na
Michigan†	5,885	7,370	15,170	3,448	na	na	2,437	na	na
Minnesota	1,607	1,410	3,480	1,282	1,280	2,950	325	130	530
Mississippi	3,694	930	5,460	1,103	600	1,990	2,591	330	3,470
Missouri	3,624	2,770	7,400	2,388	1,970	5,040	1,236	800	2,360
Montana	424	330	870	312	320	720	112	10	150
Nebraska	747	710	1,680	567	na	na	180	na	na
Nevada	608	800	1,610	402	670	1,220	206	130	390
New Hampshire*	352	730	1,230	342	na	na	10	na	na
New Jersey†	3,633	6,980	12,040	1,636	3,450	5,760	1,997	3,530	6,280
New Mexico	1,461	710	2,530	1,179	660	2,140	282	50	390
New York	8,910	16,670	29,030	4,841	9,910	16,710	4,069	6,760	12,320
North Carolina	5,068	4,660	11,210	2,509	2,990	6,300	2,559	1,670	4,910
North Dakota	268	180	520	199	170	430	69	10	90
Ohio	7,204	5,210	14,380	5,018	3,550	9,930	2,186	1,660	4,450
Oklahoma*	3,031	1,510	5,300	2,075	na	na	956	na	na
Oregon	1,369	1,690	3,500	1,219	1,590	3,210	150	100	290
Pennsylvania	6,280	6,780	14,990	4,180	na	na	2,100	na	na
Rhode Island	297	430	950	313	na	na	84	na	na
South Carolina	3,245	1,490	5,530	1,266	980	2,590	1,979	510	2,940
South Dakota	378	230	710	236	220	530	142	10	180
Tennessee	4,101	2,230	7,370	2,588	1,660	4,930	1,513	570	2,440
Texas*	17,125	9,150	30,620	13,002	na	na	4,123	na	na
Utah	1,032	350	1,620	957	320	1,500	75	30	120
Vermont	216	300	590	213	300	590	3	0	0
Virginia	3,485	4,010	8,590	1,851	2,750	5,240	1,634	1,260	3,350
Washington	2,181	3,040	5,960	1,795	2,740	5,170	386	300	790
West Virginia*	1,511	620	2,500	1,439	na	na	72	na	na
Wisconsin*	2,311	1,770	4,720	1,545	na	na	766	na	na
Wyoming	337	210	640	310	na	na	27	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Partitioning of teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Note: na = not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 16. Numbers of births, abortions and pregnancies to women 18–19, by race and state of residence, 1984

State	All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
U.S. total	**302,938**	**237,970**	**625,290**	**215,937**	**175,040**	**451,670**	**87,001**	**62,930**	**173,620**
Alabama*	6,465	2,870	10,920	3,612	na	na	2,853	na	na
Alaska*	882	520	1,630	506	na	na	376	na	na
Arizona	4,949	3,450	9,730	3,913	3,150	8,160	1,036	300	1,570
Arkansas	4,261	1,130	6,360	2,940	920	4,540	1,321	210	1,820
California*	32,176	44,100	87,120	24,959	na	na	7,217	na	na
Colorado	3,870	3,430	8,420	3,470	3,090	7,570	400	340	850
Connecticut	2,507	3,460	6,810	1,800	na	na	707	na	na
Delaware*	826	590	1,640	481	na	na	345	na	na
D.C.†	1,069	1,440	2,870	49	na	na	1,020	na	na
Florida*	14,091	11,060	29,080	9,017	na	na	5,074	na	na
Georgia	9,792	5,620	17,930	5,240	3,710	10,370	4,552	1,910	7,560
Hawaii	1,386	1,270	3,060	285	340	720	1,101	930	2,340
Idaho	1,303	570	2,190	1,236	560	2,100	67	10	90
Illinois*	14,404	10,600	28,940	8,660	na	na	5,744	na	na
Indiana	7,195	3,440	12,420	5,994	2,790	10,260	1,201	650	2,160
Iowa*	2,745	1,820	5,300	2,546	na	na	199	na	na
Kansas	3,285	1,490	5,580	2,723	1,360	4,760	562	130	820
Kentucky*	5,993	1,400	8,730	5,343	na	na	650	na	na
Louisiana	8,461	3,290	13,770	4,243	2,060	7,360	4,218	1,230	6,410
Maine	1,434	880	2,690	1,400	870	2,640	34	10	50
Maryland	5,068	5,890	12,560	2,638	3,810	7,360	2,430	2,080	5,200
Massachusetts†	4,647	5,270	11,370	3,967	na	na	680	na	na
Michigan†	10,596	11,730	25,620	7,552	na	na	3,044	na	na
Minnesota	3,606	2,790	7,400	3,114	2,620	6,620	492	170	780
Mississippi	5,208	1,160	7,530	2,166	720	3,400	3,042	440	4,130
Missouri	6,717	3,640	12,060	4,954	2,790	9,010	1,763	850	3,050
Montana	1,022	550	1,830	802	530	1,540	220	20	290
Nebraska	1,761	970	3,180	1,490	na	na	271	na	na
Nevada	1,168	1,130	2,640	898	990	2,160	270	140	480
New Hampshire*	861	980	2,110	851	na	na	10	na	na
New Jersey†	6,398	10,220	18,920	3,647	5,470	10,390	2,751	4,750	8,530
New Mexico	2,783	960	4,400	2,263	880	3,690	520	80	710
New York	16,779	24,940	47,570	10,618	16,450	30,840	6,161	8,490	16,730
North Carolina	8,767	5,810	16,910	5,136	3,820	10,360	3,631	1,990	6,550
North Dakota	733	360	1,290	618	350	1,130	115	10	150
Ohio	13,690	8,350	25,610	10,687	6,470	19,940	3,003	1,880	5,670
Oklahoma*	5,637	2,010	8,980	4,146	na	na	1,491	na	na
Oregon	2,879	2,270	5,950	2,622	2,150	5,510	257	120	440
Pennsylvania	11,677	9,460	24,420	8,887	na	na	2,790	na	na
Rhode Island	888	1,050	2,220	756	na	na	132	na	na
South Carolina	5,249	2,040	8,540	2,574	1,430	4,660	2,675	610	3,880
South Dakota	949	330	1,500	704	310	1,180	245	20	320
Tennessee	6,932	3,260	11,900	4,960	2,520	8,720	1,972	740	3,180
Texas*	28,814	15,120	51,210	23,002	na	na	5,812	na	na
Utah	2,273	670	3,460	2,110	600	3,190	163	70	270
Vermont	582	470	1,220	576	460	1,200	6	10	20
Virginia	6,726	5,350	13,960	4,196	3,900	9,330	2,528	1,450	4,630
Washington	4,881	4,080	10,350	4,197	3,600	9,000	684	480	1,350
West Virginia*	2,790	880	4,320	2,657	na	na	133	na	na
Wisconsin*	4,982	3,490	9,820	4,012	na	na	970	na	na
Wyoming	781	310	1,280	718	na	na	63	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Partitioning of teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 17. Numbers of births, abortions and pregnancies to women <15, by race and state of residence, 1984

State	All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
U.S. total	**9,965**	**16,920**	**30,570**	**3,959**	**7,620**	**13,130**	**6,006**	**9,300**	**17,440**
Alabama*	266	300	650	62	na	na	204	na	na
Alaska*	8	30	40	4	na	na	4	na	na
Arizona	112	130	280	70	110	210	42	20	70
Arkansas	168	130	340	49	70	130	119	60	210
California*	945	2,290	3,650	591	na	na	354	na	na
Colorado	66	170	270	56	140	220	10	30	50
Connecticut	68	190	290	37	na	na	31	na	na
Delaware*	40	60	110	8	na	na	32	na	na
D.C.	51	250	340	0	na	na	51	na	na
Florida*	585	1,110	1,920	148	na	na	437	na	na
Georgia	467	580	1,200	94	210	350	373	370	850
Hawaii	27	80	120	2	20	20	25	60	100
Idaho	17	30	50	15	30	50	2	0	0
Illinois*	536	670	1,380	129	na	na	407	na	na
Indiana	185	290	540	89	180	300	96	110	240
Iowa*	34	120	170	26	na	na	8	na	na
Kansas	62	100	180	31	90	130	31	10	50
Kentucky*	215	130	400	151	na	na	64	na	na
Louisiana	420	260	790	75	100	200	345	160	590
Maine	17	50	80	15	50	80	2	0	0
Maryland	218	600	920	50	170	250	168	430	670
Massachusetts	84	250	380	60	na	na	24	na	na
Michigan	342	1,060	1,580	114	na	na	228	na	na
Minnesota	50	100	170	20	70	100	30	30	70
Mississippi	408	120	620	34	30	70	374	90	550
Missouri	158	330	550	66	160	250	92	170	300
Montana	14	30	50	7	30	40	7	0	10
Nebraska	33	60	110	19	na	na	14	na	na
Nevada	37	70	120	14	50	70	23	20	50
New Hampshire*	12	40	60	10	na	na	2	na	na
New Jersey	276	910	1,330	79	190	300	197	720	1,030
New Mexico	67	60	150	51	50	120	16	10	30
New York	527	1,730	2,540	218	680	1,010	309	1,050	1,530
North Carolina	373	590	1,100	83	220	340	290	370	760
North Dakota	5	10	20	1	10	20	4	0	0
Ohio	368	340	820	140	130	320	228	210	500
Oklahoma*	165	150	360	98	na	na	67	na	na
Oregon	56	110	190	44	90	150	12	20	40
Pennsylvania	353	790	1,290	137	na	na	216	na	na
Rhode Island	13	40	60	8	na	na	5	na	na
South Carolina	239	190	500	40	70	130	199	120	370
South Dakota	15	10	30	5	10	20	10	0	10
Tennessee	252	300	630	80	150	260	172	150	370
Texas*	1,088	980	2,380	683	na	na	405	na	na
Utah	21	40	70	21	40	70	0	0	0
Vermont	8	20	30	8	20	30	0	0	0
Virginia	224	440	750	58	160	240	166	280	510
Washington	103	240	390	68	190	290	35	50	100
West Virginia*	54	90	160	51	na	na	3	na	na
Wisconsin*	98	250	390	28	na	na	70	na	na
Wyoming	15	0	20	12	na	na	3	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similiar states.

Notes: na = data not available; Bi = births; Ab= abortions; and Pg = Pregnancies.

Table 18. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 15–19, by race and state of residence, and state ranks, 1984

State	Rate									State rank								
	All races			White			Nonwhite			All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
(No. of states)	(50)	(50)	(50)	(50)	(30)	(30)	(35)	(22)	(22)	(50)	(50)	(50)	(50)	(30)	(30)	(35)	(22)	(22)
U.S. total	**51**	**43**	**109**	**42**	**38**	**93**	**89**	**67**	**181**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
Alabama*	63	31	110	49	na	na	92	na	na	11	29	17	14	na	na	18	na	na
Alaska*	73	55	147	55	na	na	na	na	na	4	7	2	8	na	na	na	na	na
Arizona	65	42	124	58	44	119	106	27	156	9	17	8	6	6	1	8	17	10
Arkansas	73	22	111	62	23	99	107	18	149	3	43	16	3	24	6	7	20	14
California*	52	77	148	49	na	na	68	na	na	19	1	1	15	na	na	34	na	na
Colorado	47	49	110	45	47	106	79	71	172	29	11	18	20	5	5	28	4	6
Connecticut	32	50	94	24	na	na	93	na	na	47	9	32	49	na	na	15	na	na
Delaware*	47	40	100	34	na	na	97	na	na	28	18	24	37	na	na	12	na	na
D.C.	68	99	191	na	na	na	76	na	na									
Florida*	59	51	127	44	na	na	113	na	na	13	8	5	25	na	na	4	na	na
Georgia	68	43	129	54	44	112	92	42	158	8	14	4	11	7	4	17	13	9
Hawaii	51	58	126	33	51	96	59	61	138	21	5	6	38	3	9	35	5	17
Idaho	48	21	81	46	21	80	na	na	na	27	44	41	18	27	23	na	na	na
Illinois*	51	39	104	35	na	na	114	na	na	22	20	21	34	na	na	3	na	na
Indiana	49	25	86	44	22	77	93	52	168	25	40	37	23	26	25	16	9	8
Iowa*	34	26	69	32	na	na	na	na	na	45	38	48	41	na	na	na	na	na
Kansas	50	28	91	45	28	85	103	28	154	23	32	34	19	19	19	10	16	11
Kentucky*	64	16	94	62	na	na	82	na	na	10	49	30	4	na	na	23	na	na
Louisiana	71	24	112	55	24	92	96	24	142	5	41	15	9	22	13	13	18	15
Maine	44	36	93	44	36	92	na	na	na	34	24	33	24	13	14	na	na	na
Maryland	47	58	120	33	52	97	80	72	175	30	4	9	40	2	8	27	3	5
Massachusetts	30	38	77	27	na	na	75	na	na	50	23	43	47	na	na	30	na	na
Michigan	43	50	107	34	na	na	92	na	na	35	10	20	36	na	na	19	na	na
Minnesota	30	24	63	26	23	57	129	47	206	49	42	50	48	23	30	2	11	3
Mississippi	78	18	113	54	22	89	104	14	141	1	48	14	10	25	16	9	22	16
Missouri	53	33	99	43	28	83	109	60	197	18	27	27	26	20	20	6	6	4
Montana	45	28	85	38	29	77	na	na	na	32	34	38	30	17	24	na	na	na
Nebraska	40	27	77	35	na	na	na	na	na	38	35	44	35	na	na	na	na	na
Nevada	52	57	125	45	57	116	na	na	na	20	6	7	21	1	2	na	na	na
New Hampshire*	31	43	85	31	na	na	na	na	na	48	12	39	43	na	na	na	na	na
New Jersey	35	61	109	23	39	71	88	154	275	43	3	19	50	12	27	20	1	1
New Mexico	70	28	115	66	30	112	94	15	129	6	33	11	2	15	3	14	21	21
New York	38	62	114	29	49	89	75	112	214	40	2	12	46	4	17	29	2	2
North Carolina	56	42	114	45	40	97	82	48	152	17	16	13	22	11	7	24	10	12
North Dakota	37	20	66	32	20	60	na	na	na	41	46	49	42	28	29	na	na	na
Ohio	49	32	94	43	27	81	88	60	171	26	28	31	27	21	21	21	7	7
Oklahoma*	70	29	116	61	na	na	110	na	na	7	31	10	5	na	na	5	na	na
Oregon	43	40	95	41	40	93	72	39	130	37	19	29	28	10	12	32	14	19
Pennsylvania	39	36	86	33	na	na	85	na	na	39	25	36	39	na	na	22	na	na
Rhode Island	34	39	83	30	na	na	na	na	na	46	22	40	44	na	na	na	na	na
South Carolina	61	25	100	47	29	88	80	19	117	12	39	25	17	16	18	26	19	22
South Dakota	45	19	75	35	20	64	na	na	na	33	47	46	32	29	28	na	na	na
Tennessee	58	29	102	52	29	94	80	30	130	14	30	23	13	18	11	25	15	20
Texas*	73	39	131	68	na	na	99	na	na	2	21	3	1	na	na	11	na	na
Utah	49	15	76	48	14	73	na	na	na	24	50	45	16	30	26	na	na	na
Vermont	35	34	80	35	34	80	na	na	na	44	26	42	33	14	22	na	na	na
Virginia	46	42	102	37	41	90	71	46	135	31	15	22	31	9	15	33	12	18
Washington	43	43	99	40	42	95	74	54	149	36	13	26	29	8	10	31	8	13
West Virginia*	57	20	91	58	na	na	na	na	na	15	45	35	7	na	na	na	na	na
Wisconsin*	36	26	72	29	na	na	143	na	na	42	37	47	45	na	na	1	na	na
Wyoming	56	26	96	54	na	na	na	na	na	16	36	28	12	na	na	na	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 19. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 15–17, by race and state of residence, and state ranks, 1984

State	Rate									State rank								
	All races			White			Nonwhite			All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
(No. of states)	(50)	(50)	(50)	(50)	(30)	(30)	(30)	(18)	(18)	(50)	(50)	(50)	(50)	(30)	(30)	(30)	(18)	(18)
U.S. total	**31**	**30**	**70**	**24**	**25**	**57**	**83**	**51**	**132**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
Alabama*	42	24	77	29	na	na	69	na	na	7	26	10	13	na	na	13	na	na
Alaska*	31	38	78	19	na	na	na	na	na	19	8	9	30	na	na	na	na	na
Arizona	40	22	73	36	23	69	69	14	98	9	27	14	5	14	5	12	16	13
Arkansas	45	16	71	34	16	59	80	14	112	4	40	17	7	23	10	5	15	9
California*	32	53	97	29	na	na	44	na	na	18	1	1	12	na	na	29	na	na
Colorado	27	36	72	25	35	69	na	na	na	29	9	15	20	2	4	na	na	na
Connecticut	19	36	62	13	na	na	66	na	na	44	10	28	48	na	na	15	na	na
Delaware*	28	31	68	18	na	na	na	na	na	26	17	23	32	na	na	na	na	na
D.C.†	50	82	150	na	na	na	52	na	na									
Florida*	36	38	85	23	na	na	84	na	na	13	7	3	23	na	na	3	na	na
Georgia	44	33	89	32	32	73	67	34	118	5	13	2	9	5	1	14	11	7
Hawaii	24	40	73	12	35	54	28	42	80	33	5	13	49	4	16	30	6	17
Idaho	27	13	47	26	13	46	na	na	na	28	47	42	17	27	23	na	na	na
Illinois*	32	27	68	19	na	na	85	na	na	17	20	22	31	na	na	2	na	na
Indiana	30	17	54	25	14	46	71	42	132	20	39	38	19	25	24	10	7	4
Iowa*	18	18	42	17	na	na	na	na	na	45	37	47	38	na	na	na	na	na
Kansas	26	21	55	23	21	51	na	na	na	31	28	37	25	16	20	na	na	na
Kentucky*	40	12	62	38	na	na	64	na	na	10	48	29	3	na	na	17	na	na
Louisiana	48	13	72	33	12	52	72	15	102	2	46	16	8	28	18	9	14	11
Maine	22	28	57	22	28	57	na	na	na	39	19	33	27	11	12	na	na	na
Maryland	29	41	81	18	35	61	56	55	127	23	3	6	35	3	7	23	3	6
Massachusetts†	17	27	50	15	na	na	56	na	na	47	21	39	44	na	na	24	na	na
Michigan†	26	33	68	18	na	na	70	na	na	30	12	21	33	na	na	11	na	na
Minnesota	16	14	35	13	13	31	na	na	na	49	42	49	47	26	29	na	na	na
Mississippi	55	14	82	31	17	57	82	10	110	1	44	5	10	21	13	4	17	10
Missouri	32	24	65	25	20	52	77	50	147	16	25	26	21	18	19	6	4	3
Montana	23	18	46	18	19	42	na	na	na	36	38	43	36	20	26	na	na	na
Nebraska	21	20	47	17	na	na	na	na	na	41	33	41	39	na	na	na	na	na
Nevada	30	39	79	23	39	70	na	na	na	21	6	8	24	1	2	na	na	na
New Hampshire*	16	33	55	15	na	na	na	na	na	50	14	36	42	na	na	na	na	na
New Jersey†	21	41	70	12	25	41	61	109	193	40	4	19	50	13	27	19	1	1
New Mexico	41	20	70	38	21	70	54	10	75	8	34	18	2	15	3	25	18	18
New York	23	42	73	15	32	53	50	83	151	37	2	12	43	6	17	26	2	2
North Carolina	36	33	79	26	31	65	59	38	113	14	11	7	18	8	6	21	8	8
North Dakota	17	12	34	14	12	30	na	na	na	48	49	50	46	29	30	na	na	na
Ohio	29	21	58	23	17	46	64	49	130	24	30	31	22	22	22	16	5	5
Oklahoma*	43	21	75	36	na	na	72	na	na	6	29	11	4	na	na	7	na	na
Oregon	24	29	61	22	29	59	na	na	na	34	18	30	26	10	9	na	na	na
Pennsylvania	24	26	57	18	na	na	62	na	na	32	22	34	34	na	na	18	na	na
Rhode Island	19	20	45	16	na	na	na	na	na	43	31	44	40	na	na	na	na	na
South Carolina	40	18	68	27	21	55	58	15	87	11	36	20	16	17	15	22	13	16
South Dakota	22	14	42	16	15	35	na	na	na	38	45	46	41	24	28	na	na	na
Tennessee	37	20	67	31	20	58	61	23	98	12	32	24	11	19	11	20	12	12
Texas*	47	25	85	43	na	na	72	na	na	3	23	4	1	na	na	8	na	na
Utah	28	10	44	27	9	43	na	na	na	25	50	45	15	30	25	na	na	na
Vermont	18	25	48	18	25	49	na	na	na	46	24	40	37	12	21	na	na	na
Virginia	27	31	67	20	29	56	48	37	98	27	16	25	29	9	14	27	9	14
Washington	23	32	62	21	31	59	46	36	95	35	15	27	28	7	8	28	10	15
West Virginia*	34	14	57	35	na	na	na	na	na	15	43	32	6	na	na	na	na	na
Wisconsin*	20	15	41	14	na	na	109	na	na	42	41	48	45	na	na	1	na	na
Wyoming	30	19	57	28	na	na	na	na	na	22	35	35	14	na	na	na	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Partitioning of teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 20. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 18–19, by race and state of residence, and state ranks,1984

State	Rate									State rank								
	All races			White			Nonwhite			All races			White			Nonwhite		
	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg	Bi	Ab	Pg
(No. of states)	(50)	(50)	(50)	(48)	(29)	(29)	(29)	(17)	(17)	(50)	(50)	(50)	(48)	(29)	(29)	(29)	(17)	(17)
U.S. total	**78**	**61**	**162**	**68**	**55**	**142**	**125**	**90**	**249**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**	**na**
Alabama*	93	41	157	77	na	na	124	na	na	11	30	20	13	na	na	14	na	na
Alaska*	139	82	257	na	na	na	na	na	na	1	7	1	na	na	na	na	na	na
Arizona	99	69	194	90	72	187	159	46	242	9	11	5	7	4	1	3	12	5
Arkansas	113	30	169	103	32	158	148	23	204	3	45	14	3	25	5	7	16	12
California*	80	110	217	76	na	na	100	na	na	22	1	2	16	na	na	28	na	na
Colorado	73	65	160	71	63	154	na	na	na	31	12	17	22	5	6	na	na	na
Connecticut	52	71	141	42	na	na	134	na	na	46	9	33	47	na	na	10	na	na
Delaware*	72	51	143	52	na	na	na	na	na	34	23	30	39	na	na	na	na	na
D.C.†	87	117	233	na	na	na	103	na	na									
Florida*	90	71	185	73	na	na	154	na	na	15	10	7	19	na	na	6	na	na
Georgia	101	58	185	85	60	169	128	54	212	8	16	8	9	7	4	13	11	10
Hawaii	92	84	202	na	na	na	106	90	225	13	5	3	na	na	na	25	4	7
Idaho	75	33	126	73	33	124	na	na	na	29	43	40	20	23	22	na	na	na
Illinois*	78	57	156	58	na	na	156	na	na	24	19	21	32	na	na	4	na	na
Indiana	75	36	130	70	32	119	121	66	218	27	40	37	23	24	23	16	8	9
Iowa*	54	36	105	52	na	na	na	na	na	45	39	49	40	na	na	na	na	na
Kansas	82	37	139	74	37	130	na	na	na	20	37	36	17	21	18	na	na	na
Kentucky*	97	23	141	96	na	na	105	na	na	10	49	32	4	na	na	26	na	na
Louisiana	103	40	167	84	41	147	131	38	199	7	33	15	11	18	8	11	14	13
Maine	77	47	145	76	47	144	na	na	na	25	25	27	15	12	9	na	na	na
Maryland	72	84	179	54	78	151	114	98	245	33	4	10	37	2	7	19	3	4
Massachusetts†	46	52	112	42	na	na	97	na	na	50	22	47	46	na	na	29	na	na
Michigan†	67	74	162	56	na	na	123	na	na	37	8	16	34	na	na	15	na	na
Minnesota	49	38	101	44	37	94	na	na	na	49	36	50	45	22	29	na	na	na
Mississippi	109	24	157	85	28	134	135	20	183	5	48	19	10	27	16	8	17	15
Missouri	81	44	145	69	39	125	155	75	268	21	28	26	26	20	21	5	7	3
Montana	78	42	140	67	44	128	na	na	na	23	29	34	28	14	20	na	na	na
Nebraska	65	36	117	58	na	na	na	na	na	38	41	44	33	na	na	na	na	na
Nevada	85	82	192	76	84	184	na	na	na	18	6	6	14	1	2	na	na	na
New Hampshire*	51	58	124	51	na	na	na	na	na	48	17	41	41	na	na	na	na	na
New Jersey†	58	92	171	41	61	116	129	223	401	43	2	12	48	6	25	12	1	1
New Mexico	114	39	180	107	42	175	na	na	na	2	34	9	1	16	3	na	na	na
New York	61	90	173	48	74	139	113	156	307	40	3	11	43	3	14	20	2	2
North Carolina	83	55	159	69	52	140	113	62	204	19	20	18	25	11	12	21	9	11
North Dakota	62	30	108	55	31	100	na	na	na	39	44	48	36	26	28	na	na	na
Ohio	77	47	143	70	42	130	120	75	226	26	26	29	24	15	19	17	6	6
Oklahoma*	107	38	171	95	na	na	166	na	na	6	35	13	5	na	na	2	na	na
Oregon	69	54	142	66	55	140	na	na	na	36	21	31	29	10	13	na	na	na
Pennsylvania	61	49	127	53	na	na	117	na	na	41	24	39	38	na	na	18	na	na
Rhode Island	51	61	128	47	na	na	na	na	na	47	13	38	44	na	na	na	na	na
South Carolina	88	34	143	73	41	132	110	25	159	16	42	28	18	19	17	23	15	17
South Dakota	75	26	119	61	27	102	na	na	na	28	47	42	31	28	27	na	na	na
Tennessee	87	41	150	81	41	143	107	40	173	17	31	25	12	17	11	24	13	16
Texas*	109	57	194	104	na	na	135	na	na	4	18	4	2	na	na	9	na	na
Utah	75	22	114	72	21	109	na	na	na	30	50	46	21	29	26	na	na	na
Vermont	56	45	117	56	45	117	na	na	na	44	27	43	35	13	24	na	na	na
Virginia	73	58	152	62	58	139	103	59	188	32	15	22	30	8	15	27	10	14
Washington	71	59	150	67	57	143	113	79	223	35	14	24	27	9	10	22	5	8
West Virginia*	90	28	139	90	na	na	na	na	na	14	46	35	6	na	na	na	na	na
Wisconsin*	58	41	115	50	na	na	189	na	na	42	32	45	42	na	na	1	na	na
Wyoming	92	36	150	88	na	na	na	na	na	12	38	23	8	na	na	na	na	na

*Abortion estimates are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Partitioning of teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Notes: na = data not available; Bi = births; Ab = abortions; and Pg = pregnancies.

Table 21. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 15–19, by state of residence, selected years

	Birthrate					Abortion rate					Pregnancy rate				
	1980	1981	1982	1984	1985	1980	1981	1982	1984	1985	1980	1981	1982	1984	1985
U.S. total	**53**	**53**	**53**	**51**	**51**	**43**	**43**	**43**	**43**	**44**	**111**	**111**	**110**	**109**	**110**
Alabama*	68	65	63	63	64	32	33	34	31	32	117	114	113	110	112
Alaska*	64	70	72	73	66	43	40	39	55	59	124	127	130	147	144
Arizona	65	66	65	65	67	41	39	37	42	43	123	122	119	124	128
Arkansas	75	72	73	73	72	25	27	28	22	23	117	116	118	111	111
California†	53	55	54	52	54	69	72	71	77	79	140	145	142	148	151
Colorado	50	52	52	47	46	49	49	50	49	51	114	116	117	110	112
Connecticut	31	32	33	32	33	40	52	54	50	52	81	96	99	94	96
Delaware*	51	49	51	47	50	40	44	40	40	37	106	107	105	100	101
D.C.	62	65	66	68	72	114	124	137	99	113	200	215	230	191	211
Florida*	59	59	60	59	58	55	58	57	51	51	131	134	134	127	126
Georgia	72	68	67	68	70	41	43	43	43	44	131	129	129	129	132
Hawaii	51	52	52	51	48	41	49	53	58	61	106	116	121	126	125
Idaho	59	58	56	48	46	23	25	23	21	21	96	97	93	81	78
Illinois†	56	54	52	51	50	31	30	30	39	38	101	98	95	104	103
Indiana	57	53	52	49	51	30	26	25	25	24	102	92	89	86	87
Iowa*	43	41	37	34	33	25	19	22	26	25	79	70	69	69	67
Kansas	57	57	55	50	49	30	33	32	28	23	101	104	101	91	84
Kentucky*	72	68	68	64	62	22	17	18	16	16	111	100	102	94	92
Louisiana	76	75	76	71	71	24	26	29	24	22	118	119	123	112	109
Maine	47	46	45	44	44	27	33	31	36	36	87	92	88	93	92
Maryland	43	45	47	47	47	64	73	70	58	59	123	135	134	120	121
Massachusetts	28	28	29	30	30	47	41	39	38	45	86	79	78	77	86
Michigan	45	43	42	43	44	44	45	46	50	50	103	102	101	107	107
Minnesota	35	35	33	30	30	31	30	27	24	24	77	75	69	63	62
Mississippi	84	82	81	78	77	22	20	20	18	19	125	120	119	113	113
Missouri	58	55	54	53	53	34	32	31	33	29	106	102	99	99	95
Montana	48	50	49	45	42	32	29	27	28	28	93	92	89	85	82
Nebraska	45	44	41	40	37	24	26	26	27	27	81	81	78	77	75
Nevada	59	61	61	52	53	67	70	67	57	57	144	150	148	125	125
New Hampshire*	34	33	35	31	32	37	35	33	43	46	81	78	78	85	89
New Jersey	35	35	37	35	36	49	51	55	61	63	96	98	104	109	113
New Mexico	72	72	76	70	70	36	41	39	28	30	126	131	134	115	116
New York	35	36	38	38	39	54	57	57	62	64	101	106	108	114	117
North Carolina	58	56	57	56	57	38	39	39	42	41	110	110	111	114	114
North Dakota	42	41	43	37	34	22	23	20	20	17	75	74	74	66	60
Ohio	52	51	50	49	50	35	31	31	32	33	101	95	94	94	96
Oklahoma†	75	77	83	70	67	27	29	34	29	29	120	125	136	116	113
Oregon	51	51	46	43	42	52	46	46	40	41	119	112	105	95	95
Pennsylvania	41	41	41	39	41	38	36	36	36	35	90	89	89	86	87
Rhode Island	33	34	34	34	37	40	43	43	39	40	83	87	88	83	89
South Carolina	65	64	64	61	61	33	35	35	25	26	114	115	115	100	102
South Dakota	53	49	49	45	42	21	20	19	19	18	86	81	79	75	70
Tennessee	64	63	61	58	60	33	32	35	29	29	113	111	112	102	104
Texas*	74	75	77	73	73	44	44	40	39	39	137	139	137	131	131
Utah	65	64	62	49	49	15	15	15	15	15	95	93	90	76	75
Vermont	39	40	36	35	35	43	39	38	34	36	95	91	85	80	82
Virginia	48	48	47	46	47	45	50	48	42	45	107	112	109	102	106
Washington	47	47	45	43	43	60	54	50	43	46	122	116	109	99	103
West Virginia*	68	64	62	57	55	20	20	20	20	19	104	98	97	91	87
Wisconsin*	40	39	38	36	37	34	32	30	26	25	85	82	78	72	73
Wyoming	79	79	75	56	54	29	33	30	26	30	127	131	123	96	98

*Abortion estimates for 1980, 1982, 1984 and 1985 are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Abortion estimates for 1984 and 1985 are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

Table 22. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 15–17, by state of residence, selected years

State	Birthrate					Abortion rate				Pregnancy rate			
	1980	1981	1982	1984	1985	1980	1982	1984	1985	1980	1982	1984	1985
U.S. total	**33**	**32**	**32**	**31**	**31**	**30**	**30**	**30**	**31**	**72**	**72**	**70**	**71**
Alabama*	47	44	43	42	41	na	23	24	25	na	77	77	77
Alaska*	30	31	33	31	30	na	25	38	41	na	65	78	81
Arizona	40	40	40	40	39	26	21	22	24	77	70	73	73
Arkansas§	48	46	46	45	44	19	16	16	15	79	75	71	69
California†	31	32	32	32	32	52	50	53	55	94	93	97	98
Colorado	29	28	29	27	27	31	33	36	40	68	71	72	76
Connecticut	17	19	19	19	19	24	35	36	39	48	61	62	66
Delaware*	36	34	35	28	31	na	28	31	29	na	73	68	69
D.C.‡	na	52	54	50	53	na	104	82	95	na	179	150	169
Florida*	38	38	38	36	36	na	38	38	39	na	86	85	86
Georgia	49	47	46	44	45	27	29	33	33	89	87	89	90
Hawaii	23	24	24	24	23	27	32	40	41	57	63	73	72
Idaho	31	30	31	27	24	16	14	13	12	55	52	47	42
Illinois†	35	34	34	32	32	na	17	27	25	na	59	68	66
Indiana	35	32	32	30	30	22	15	17	14	66	55	54	52
Iowa*	22	22	20	18	18	na	14	18	18	na	39	42	41
Kansas	30	30	29	26	27	23	23	21	19	62	61	55	54
Kentucky*	48	44	44	40	39	na	12	12	12	na	66	62	60
Louisiana	50	49	50	48	46	16	14	13	13	77	75	72	70
Maine	25	24	23	22	22	19	18	28	25	51	47	57	55
Maryland	26	29	29	29	28	na	48	41	42	na	88	81	80
Massachusetts‡	16	16	17	17	17	31	18	27	33	52	40	50	57
Michigan‡	27	25	25	26	26	na	27	33	32	na	60	68	67
Minnesota	17	17	16	16	15	22	15	14	15	45	36	35	35
Mississippi	60	59	57	55	54	16	14	14	15	90	84	82	81
Missouri	36	34	33	32	31	25	22	24	20	70	64	65	59
Montana	26	26	25	23	22	na	14	18	19	na	45	46	48
Nebraska	25	23	22	21	21	17	18	20	20	49	46	47	48
Nevada	32	34	33	30	29	49	45	39	37	93	90	79	75
New Hampshire*	18	17	17	16	15	na	20	33	33	na	43	55	55
New Jersey‡	22	21	22	21	22	na	34	41	43	na	64	70	73
New Mexico	44	42	46	41	41	22	23	20	22	77	81	70	73
New York	21	21	23	23	23	36	36	42	44	65	67	73	76
North Carolina	39	37	38	36	36	28	27	33	32	77	76	79	79
North Dakota	22	19	20	17	17	16	11	12	11	44	36	34	32
Ohio	31	29	30	29	29	20	18	21	22	59	55	58	59
Oklahoma†	46	45	49	43	42	18	19	21	22	75	79	75	74
Oregon	27	27	25	24	23	na	32	29	30	na	64	61	61
Pennsylvania	24	25	26	24	25	27	24	26	25	58	57	57	58
Rhode Island	17	21	21	19	21	22	30	20	22	44	58	45	50
South Carolina	45	43	43	40	40	25	24	18	20	81	78	68	70
South Dakota	27	26	25	22	22	14	13	14	14	48	43	42	42
Tennessee	44	41	41	37	38	22	22	20	21	78	73	67	68
Texas*	48	48	50	47	47	na	26	25	26	na	88	85	86
Utah	37	35	34	28	28	na	9	10	10	na	51	44	44
Vermont	21	23	22	18	19	26	23	25	28	53	52	48	53
Virginia	30	28	29	27	28	33	32	31	33	72	70	67	69
Washington	25	26	24	23	25	43	33	32	34	77	66	62	67
West Virginia*	42	40	37	34	32	na	13	14	14	na	59	57	54
Wisconsin*	21	21	20	20	21	na	17	15	16	na	43	41	42
Wyoming	44	40	38	30	28	na	18	19	24	na	65	57	60

*Abortion estimates for 1982, 1984 and 1985 are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Abortion estimates for 1984 and 1985 are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

‡Partitioning of 1984 and 1985 teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

§Partitioning of 1985 teenage abortions into age-groups 15–17 and 18–19 is based on the proportion in neighboring states.

Note: na = data not available.

Table 23. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 18–19, by state of residence, selected years

State	Birthrate					Abortion rate				Pregnancy rate			
	1980	1981	1982	1984	1985	1980	1982	1984	1985	1980	1982	1984	1985
U.S. total	**83**	**82**	**80**	**78**	**81**	**61**	**60**	**61**	**63**	**166**	**162**	**162**	**166**
Alabama*	98	98	91	93	97	na	48	41	43	na	163	157	164
Alaska*	120	131	134	139	127	na	62	82	89	na	229	257	250
Arizona	101	103	99	99	107	59	59	69	71	185	184	194	207
Arkansas§	114	111	112	113	115	34	42	30	34	175	180	169	176
California†	85	86	83	80	85	91	98	110	114	201	208	217	228
Colorado	78	82	74	73	72	63	65	65	68	163	161	160	161
Connecticut	51	51	53	52	55	63	83	71	72	130	154	141	145
Delaware*	71	69	72	72	76	na	54	51	49	na	145	143	144
D.C.‡	na	79	78	87	91	na	171	117	133	na	282	233	255
Florida*	89	89	89	90	91	na	83	71	71	na	197	185	187
Georgia	105	99	97	101	107	59	64	58	59	192	186	185	194
Hawaii	92	94	93	92	87	61	83	84	93	177	202	202	207
Idaho	97	95	87	75	75	32	37	33	33	152	144	126	127
Illinois†	86	83	77	78	78	na	48	57	58	na	145	156	157
Indiana	89	82	78	75	80	40	37	36	37	150	135	130	137
Iowa*	71	66	60	54	54	na	32	36	35	na	107	105	104
Kansas	92	92	87	82	79	39	43	37	29	153	151	139	126
Kentucky*	107	101	101	97	95	na	26	23	22	na	150	141	138
Louisiana	113	112	111	103	106	35	50	40	35	174	188	167	166
Maine	81	79	75	77	76	39	50	47	53	140	146	145	150
Maryland	69	70	72	72	76	na	104	84	85	na	200	179	185
Massachusetts‡	45	44	44	46	48	65	68	52	62	125	128	112	126
Michigan‡	72	69	66	67	70	na	74	74	77	na	160	162	168
Minnesota	60	59	54	49	50	45	43	38	37	121	113	101	100
Mississippi	117	114	112	109	110	32	28	24	25	175	166	157	160
Missouri	89	85	81	81	84	45	44	44	41	156	145	145	146
Montana	82	86	82	78	72	na	47	42	42	na	151	140	132
Nebraska	73	72	65	65	59	33	37	36	37	123	119	117	112
Nevada	98	101	101	85	89	93	99	82	87	220	230	192	202
New Hampshire*	55	54	57	51	56	na	51	58	62	na	124	124	136
New Jersey‡	57	56	58	58	60	na	88	92	96	na	166	171	179
New Mexico	113	116	118	114	115	56	61	39	41	197	210	180	183
New York	55	58	58	61	63	78	87	90	93	152	165	173	178
North Carolina	83	81	82	83	87	50	54	55	52	155	158	159	162
North Dakota	68	69	71	62	57	31	33	30	26	116	123	108	97
Ohio	84	81	77	77	81	53	50	47	49	158	148	143	150
Oklahoma†	114	120	127	107	103	40	55	38	40	180	213	171	168
Oregon	84	85	74	69	69	na	64	54	56	na	159	142	145
Pennsylvania	64	63	62	61	64	53	52	49	48	135	132	127	130
Rhode Island	53	50	49	51	58	61	58	61	63	131	123	128	139
South Carolina	92	94	91	88	92	43	50	34	34	158	165	143	148
South Dakota	87	80	80	75	69	29	27	26	23	136	125	119	109
Tennessee	93	93	89	87	91	48	53	41	41	164	165	150	155
Texas*	111	113	114	109	111	na	59	57	58	na	201	194	196
Utah	100	100	94	75	75	na	21	22	21	na	136	114	114
Vermont	62	60	52	56	55	63	55	45	46	144	123	117	117
Virginia	74	75	72	73	75	62	70	58	63	157	164	152	159
Washington	77	77	72	71	71	84	74	59	64	185	167	150	155
West Virginia*	105	98	96	90	89	na	30	28	27	na	148	139	136
Wisconsin*	66	65	61	58	61	na	47	41	39	na	125	115	116
Wyoming	125	130	122	92	90	na	45	36	39	na	197	150	151

*Abortion estimates for 1982, 1984 and 1985 are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

†Abortion estimates for 1984 and 1985 are based on the proportion of abortions obtained by women of the same age in neighboring or similar states.

‡Partitioning of 1984 and 1985 teenage abortions into age-groups 15–17 and 18–19 is based on proportion in neighboring states.

§Partitioning of 1985 teenage abortions into age-groups 15–17 and 18–19 is based on proportion in neighboring states.

Note: na = data not available.

Table 24. Population estimates (in 000s) of women aged 15–19, 15–17 and 18–19, by race and state of residence, 1985

State	All races			White			Nonwhite		
	15–19	15–17	18–19	15–19	15–17	18–19	15–19	15–17	18–19
U.S. total	**9,105.0**	**5,396.0**	**3,709.0**	**7,447.0**	**4,414.0**	**3,033.0**	**1,658.0**	**982.0**	**676.0**
Alabama	163.3	96.7	66.6	109.7	65.0	44.7	53.6	31.7	22.0
Alaska	16.6	10.4	6.2	11.7	7.4	4.4	4.8	3.0	1.8
Arizona	120.5	71.3	49.2	104.2	61.5	42.7	16.3	9.9	6.5
Arkansas	91.8	55.8	36.0	69.7	42.4	27.3	22.1	13.4	8.7
California	941.3	554.8	386.7	769.9	454.3	315.5	171.5	100.3	71.2
Colorado	122.0	70.8	51.2	114.0	66.3	47.7	8.0	4.5	3.5
Connecticut	119.3	73.3	46.0	106.3	65.4	40.9	13.0	7.9	5.1
Delaware	25.6	14.7	10.9	20.1	11.4	8.7	5.5	3.3	2.2
D.C.	23.7	12.3	11.5	3.6	1.0	2.8	20.1	11.2	8.9
Florida	380.3	227.5	152.9	299.6	179.1	120.5	80.7	48.4	32.4
Georgia	233.0	139.5	93.5	147.7	89.0	58.7	85.3	50.5	34.8
Hawaii	37.2	22.5	14.7	10.9	6.3	4.6	26.3	16.2	10.1
Idaho	40.0	23.1	16.9	38.9	22.5	16.4	1.1	0.6	0.4
Illinois	437.5	261.2	176.3	351.4	210.1	141.3	86.1	51.1	35.1
Indiana	221.8	130.7	91.1	198.8	117.3	81.5	23.0	13.4	9.6
Iowa	114.5	66.5	48.0	110.8	64.4	46.4	3.6	2.1	1.6
Kansas	91.1	52.5	38.6	83.0	48.0	35.1	8.1	4.5	3.6
Kentucky	147.6	88.0	59.6	133.6	80.1	53.5	14.0	7.9	6.1
Louisiana	193.8	114.0	79.7	116.5	68.4	48.1	77.3	45.7	31.6
Maine	44.9	27.2	17.7	44.3	26.8	17.5	0.6	0.4	0.2
Maryland	170.7	104.1	66.6	119.8	73.3	46.5	50.9	30.8	20.1
Massachusetts	226.2	130.6	95.7	211.3	122.3	89.0	14.9	8.3	6.7
Michigan	372.9	222.7	150.2	314.8	188.1	126.7	58.1	34.6	23.5
Minnesota	170.2	100.1	70.1	163.9	96.4	67.5	6.3	3.8	2.5
Mississippi	113.1	67.0	46.1	59.5	35.2	24.3	53.6	31.8	21.8
Missouri	192.5	113.1	79.4	165.8	97.4	68.5	26.7	15.8	10.9
Montana	31.5	18.9	12.6	29.0	17.3	11.6	2.5	1.6	1.0
Nebraska	61.7	35.8	26.0	58.2	33.7	24.5	3.6	2.1	1.5
Nevada	34.7	21.1	13.6	29.6	18.0	11.6	5.1	3.0	2.0
New Hampshire	39.1	22.7	16.4	38.6	22.4	16.1	0.5	0.3	0.2
New Jersey	276.7	171.8	104.9	223.4	139.2	84.2	53.3	32.7	20.7
New Mexico	60.5	36.7	23.8	51.8	31.3	20.5	8.7	5.3	3.3
New York	652.9	392.7	260.2	519.9	311.8	208.1	133.0	80.9	52.1
North Carolina	243.9	142.0	101.9	169.6	98.5	71.2	74.3	43.5	30.8
North Dakota	26.9	15.5	11.4	25.5	14.6	10.9	1.4	0.9	0.5
Ohio	416.9	247.3	169.6	358.0	212.8	145.1	59.0	34.5	24.4
Oklahoma	122.8	71.9	50.9	100.7	58.6	42.1	22.1	13.3	8.8
Oregon	98.7	58.5	40.3	93.1	55.2	37.9	5.7	3.3	2.4
Pennsylvania	445.0	262.5	182.5	387.5	228.3	159.3	57.4	34.2	23.2
Rhode Island	37.3	20.9	16.4	35.0	19.6	15.3	2.3	1.3	1.0
South Carolina	138.9	81.5	57.4	80.8	47.0	33.8	58.1	34.5	23.6
South Dakota	28.9	16.9	12.1	26.1	15.1	11.0	2.8	1.8	1.1
Tennessee	186.7	110.5	76.3	143.1	85.1	58.0	43.6	25.4	18.2
Texas	628.0	370.5	257.5	527.7	312.5	215.2	100.3	58.0	42.3
Utah	67.4	37.6	29.8	64.3	35.8	28.5	3.1	1.8	1.3
Vermont	22.3	12.3	10.0	22.0	12.2	9.8	0.2	0.1	0.1
Virginia	217.9	129.6	88.2	159.2	94.9	64.2	58.7	34.7	24.0
Washington	163.5	97.0	66.5	149.2	88.6	60.6	14.4	8.4	5.9
West Virginia	73.7	44.0	29.7	70.0	41.8	28.1	3.7	2.1	1.5
Wisconsin	197.6	116.2	81.4	185.7	109.3	76.5	11.9	7.0	4.9
Wyoming	20.0	11.6	8.4	19.3	11.3	8.1	0.7	0.4	0.3

Table 25. Population estimates (in 000s) of women aged 15–19, 15–17 and 18–19, by race and state of residence, 1984

State	All races			White			Nonwhite		
	15–19	15–17	18–19	15–19	15–17	18–19	15–19	15–17	18–19
U.S. total	**9,231.0**	**5,361.0**	**3,870.0**	**7,559.0**	**4,386.0**	**3,173.0**	**1,672.0**	**975.0**	**697.0**
Alabama	166.0	96.3	69.7	111.2	64.6	46.7	54.7	31.7	23.0
Alaska	16.4	10.1	6.3	11.7	7.2	4.5	4.7	2.9	1.8
Arizona	119.4	69.2	50.2	103.3	59.7	43.7	16.0	9.5	6.5
Arkansas	93.2	55.6	37.6	70.9	42.3	28.6	22.3	13.3	8.9
California	947.0	546.4	400.6	776.5	448.2	328.2	170.5	98.2	72.4
Colorado	122.0	69.3	52.7	114.0	64.9	49.1	7.9	4.4	3.5
Connecticut	121.9	73.4	48.4	108.7	65.5	43.2	13.2	7.9	5.3
Delaware	26.2	14.7	11.5	20.5	11.4	9.2	5.6	3.3	2.3
D.C.	24.8	12.6	12.3	3.5	1.1	2.4	21.4	11.5	9.9
Florida	379.2	222.4	156.9	298.6	174.7	123.8	80.6	47.6	33.0
Georgia	235.1	138.1	97.0	149.8	88.4	61.4	85.3	49.7	35.6
Hawaii	37.2	22.1	15.1	11.0	6.3	4.8	26.2	15.8	10.4
Idaho	40.1	22.7	17.4	39.1	22.1	17.0	1.0	0.6	0.4
Illinois	447.8	262.1	185.8	359.2	210.3	149.0	88.6	51.8	36.8
Indiana	226.5	130.7	95.8	203.2	117.2	85.9	23.4	13.5	9.9
Iowa	117.1	66.6	50.4	113.4	64.6	48.9	3.6	2.0	1.6
Kansas	92.7	52.4	40.3	84.4	47.9	36.6	8.3	4.6	3.7
Kentucky	149.6	87.6	62.0	135.5	79.7	55.8	14.2	8.0	6.2
Louisiana	195.2	112.7	82.5	118.2	67.9	50.2	77.1	44.8	32.3
Maine	45.6	27.0	18.6	45.1	26.7	18.4	0.6	0.3	0.2
Maryland	174.1	104.0	70.1	121.9	73.0	48.8	52.2	31.0	21.2
Massachusetts	232.1	130.9	101.2	216.8	122.6	94.2	15.3	8.3	7.0
Michigan	381.8	223.3	158.4	322.0	188.3	133.7	59.8	35.1	24.7
Minnesota	172.8	99.5	73.3	166.5	95.8	70.7	6.3	3.7	2.6
Mississippi	114.6	66.6	47.9	60.6	35.2	25.4	54.0	31.4	22.5
Missouri	196.3	113.1	83.2	168.9	97.1	71.8	27.4	16.0	11.4
Montana	31.8	18.8	13.0	29.3	17.3	12.0	2.5	1.5	1.0
Nebraska	63.0	35.8	27.2	59.3	33.6	25.6	3.7	2.1	1.6
Nevada	34.0	20.3	13.7	29.1	17.4	11.7	4.9	2.9	2.0
New Hampshire	39.4	22.4	17.0	38.9	22.1	16.8	0.5	0.3	0.2
New Jersey	282.8	172.2	110.6	229.0	139.7	89.3	53.8	32.5	21.3
New Mexico	60.4	36.0	24.4	51.9	30.7	21.1	8.6	5.2	3.3
New York	671.1	395.5	275.6	535.1	314.0	221.1	135.9	81.5	54.5
North Carolina	247.2	141.1	106.1	171.6	97.6	74.0	75.6	43.4	32.2
North Dakota	27.2	15.4	11.9	25.9	14.5	11.3	1.4	0.9	0.5
Ohio	426.9	248.1	178.8	367.8	214.0	153.8	59.2	34.1	25.1
Oklahoma	123.5	70.9	52.6	101.3	57.7	43.6	22.2	13.2	9.0
Oregon	99.7	57.8	41.9	94.0	54.6	39.4	5.6	3.2	2.4
Pennsylvania	456.1	263.4	192.7	398.3	229.4	168.9	57.8	34.1	23.7
Rhode Island	38.3	21.0	17.3	36.0	19.7	16.3	2.3	1.3	1.0
South Carolina	140.4	80.7	59.6	82.1	46.8	35.2	58.3	33.9	24.4
South Dakota	29.5	16.8	12.6	26.6	15.1	11.5	2.9	1.7	1.1
Tennessee	188.9	109.7	79.3	145.6	84.7	60.9	43.3	25.0	18.4
Texas	626.2	362.1	264.0	525.9	305.0	221.0	100.2	57.2	43.0
Utah	67.0	36.6	30.4	64.0	34.8	29.1	3.0	1.7	1.3
Vermont	22.6	12.2	10.4	22.4	12.1	10.3	0.2	0.1	0.1
Virginia	220.6	128.6	91.9	161.6	94.3	67.3	58.9	34.3	24.6
Washington	164.3	95.4	68.8	149.9	87.1	62.8	14.4	8.3	6.1
West Virginia	74.8	43.8	31.0	71.2	41.7	29.5	3.7	2.1	1.5
Wisconsin	200.9	115.7	85.3	188.8	108.7	80.1	12.1	7.0	5.1
Wyoming	19.8	11.3	8.5	19.1	10.9	8.2	0.7	0.4	0.3

Figure 1. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 15–19, 1972–1985

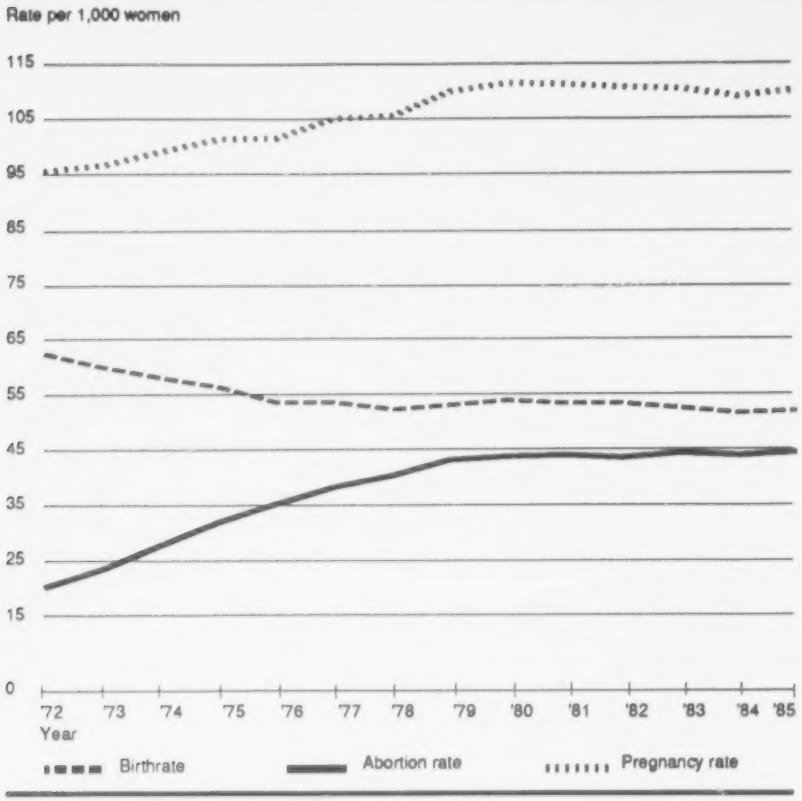
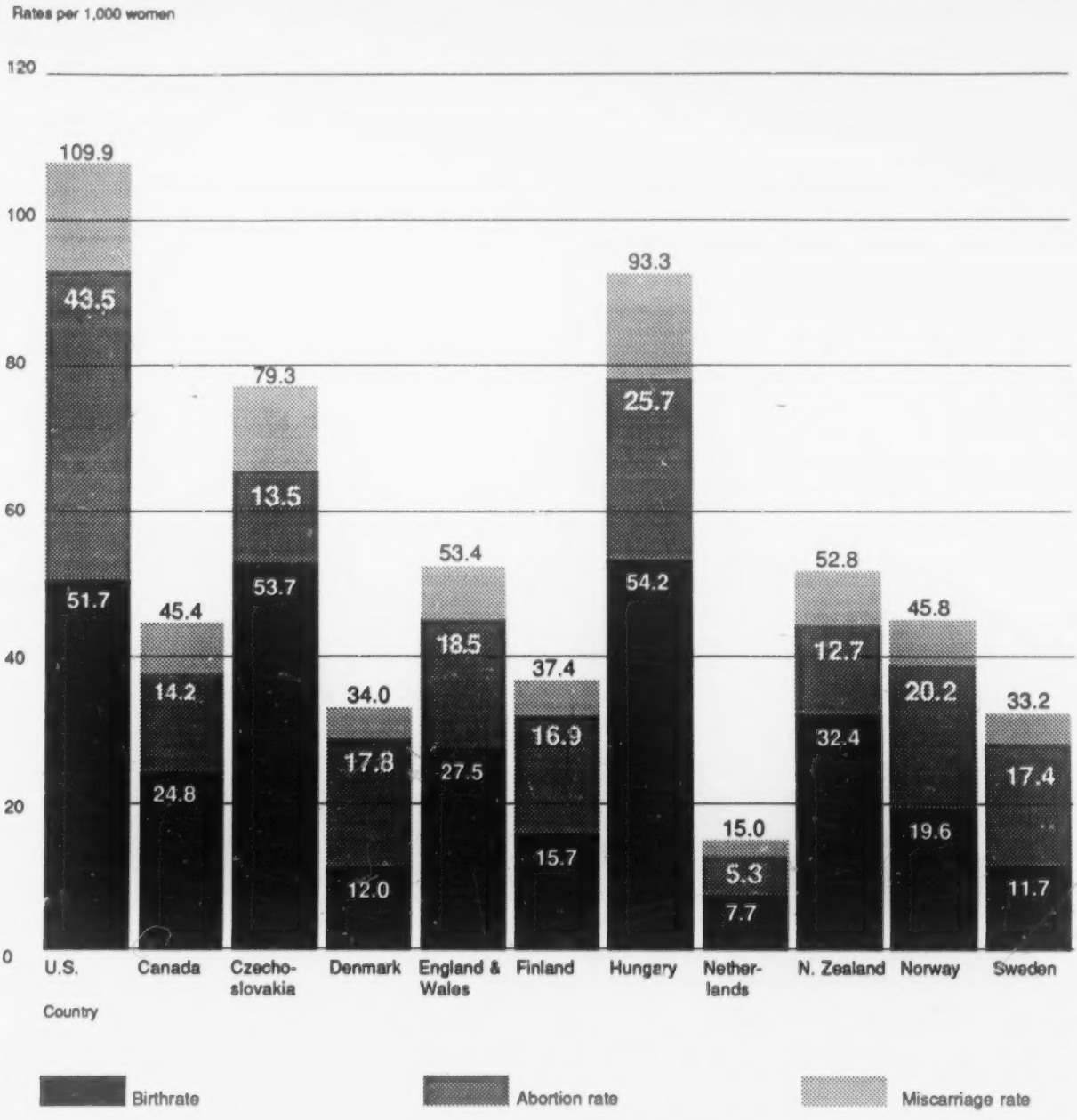
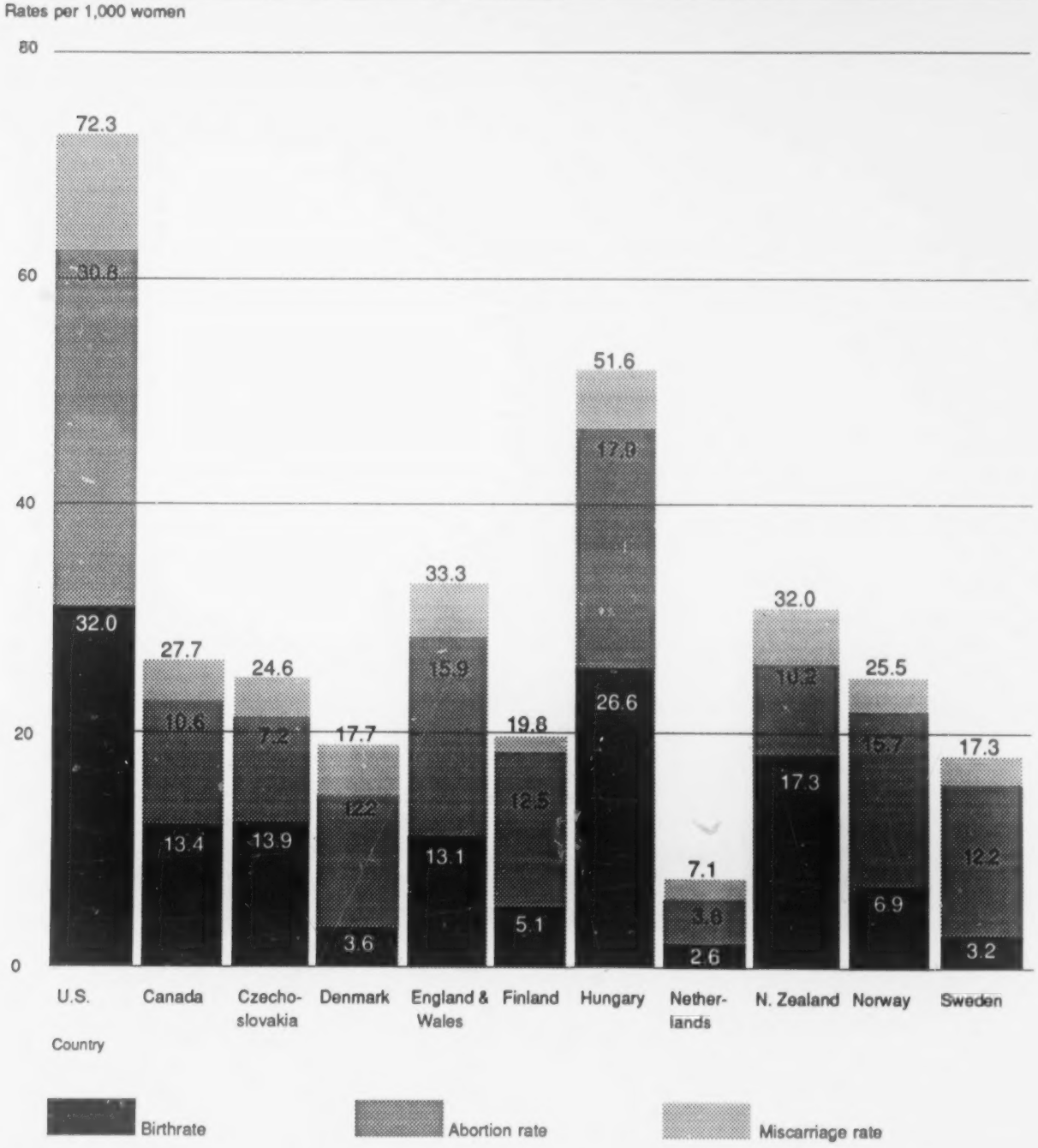


Figure 2. Birthrate, abortion rate and pregnancy rate per 1,000 women aged 15–19, 11 countries, 1983



Sources: **Numbers of Abortions**—C. Tietze and S. K. Henshaw, *Induced Abortion: A World Review, 1986*, 6th edition, The Alan Guttmacher Institute, New York, 1986. **Births and populations**—Estimates were obtained from the statistical offices of the countries.

Figure 3. Birthrate, abortion rate and pregnancy rate per 1,000 women 15–17, 11 countries, 1983



Sources: see sources to Figure 2.

2. State Teenage Pregnancy Initiatives in the 1980s: An Assessment

Asta M. Kenney and Debra Somberg

As public awareness of the problems of adolescent pregnancy and childbearing has grown in recent years, so has the consciousness of public officials. At the federal level, however, it has proven impossible to develop strong legislation targeted specifically to teenage pregnancy, despite keen interest. Members of Congress have managed to overcome the fiscal obstacles that stand in the way of any new program at this time, only to find that a teenage pregnancy initiative founders in the face of a number of hot political issues: whether parental consent should be required for medical services; whether school-based clinics are an appropriate vehicle for the provision of health services; whether young people should have access to information about abortion; and whether the government should do anything other than exhort teenagers to chastity. During the 1980s, many states have stepped in to fill the void in federal leadership and have crafted legislation, established high-level task forces or taken administrative actions to develop teenage pregnancy programs.

This report examines the content of state initiatives on teenage pregnancy during the 1980s. As a measure of the likely effectiveness of the states' plans, the authors compared them with the 1987 National Research Council's (NRC) report entitled *Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing.*[1] The NRC is affiliated with the National Academy of Sciences, and the teenage pregnancy report is a result of two years of study by a panel of scientists. The NRC report, in its own words, represents "the first systematic attempt to assess the effects and effectiveness of alternative approaches in light of growing scientific understanding of early pregnancy and parenting" [*Risking the Future: Adolescent Sexuality, Pregnancy and Childbearing, Vol. 1, (RTF),* p. 3]. Thus, the strategies for addressing the problem that are outlined in *Risking the Future* represent the most authoritative guidance available on policies and programs.

This report is not the first to examine states' plans and activities on teenage pregnancy. However, its scope is broader than that of earlier reports, in that it focuses on initiatives proposed by legislative, gubernatorial *and* administrative entities. In addition, its emphasis is on the substance of what states have proposed. Previous reports issued by the National Governors' Association and the National Conference of State Legislatures in 1985, by the U.S. House of Representatives' Select Committee on Children, Youth and Families and the Children's Defense Fund in 1986, and by the National Institute for Adolescent Pregnancy and Family Services at Temple University in 1988[2] either listed the state initiatives but shed little light on their content or analyzed content but only focused on some initiatives (such as special task force reports). This analysis also brings in the new dimension of *Risking the Future* as a point of comparison. Inevitably, in comparing state initiatives with the NRC report, the authors' own judgments came into play. The interpretation of the proposals in *Risking the Future* and in state initiatives is solely that of the authors. It is not necessarily the opinion of the NRC panel members.

The Alan Guttmacher Institute (AGI) drew on the earlier reports on state teenage pregnancy initiatives to obtain copies of documents mentioned there. In addition, it relied on its ongoing system for tracking teenage pregnancy legislation in the states, its newspaper clipping service, and a routine review of publications that cover state developments on issues related to teenage pregnancy, such as those of the Children's Defense Fund and the National Organization on Adolescent Pregnancy and Parenting. It is believed that the resulting compilation of initiatives is complete and current up to December 1988.

For the purposes of this report, an "initiative" on teenage pregnancy was defined as a reasonably comprehensive proposal to address the problem. A single-pronged proposal, such as a bill concerning sex education or prenatal care for teenagers, was not consid-

ered an initiative.* A reasonably broad-based plan to address just the prevention of teenage pregnancy or just care for pregnant teenagers and young parents, however, did qualify as an initiative. Ongoing *program* activities, such as the expenditure of funds to help pregnant teenagers, also were excluded from this analysis. Furthermore, initiatives on subjects such as infant mortality, prenatal care or school dropout in which teenage pregnancy was discussed but was not the main focus were also not considered. The emphasis was on documents that represent the considered consensus of a group of persons at the state level. Finally, any document included in this study had to represent the view of a state-sanctioned body, such as the state legislature, a task force appointed by the governor or an interagency committee (drawn from, for example, the state health, education and social services departments).

Twenty-five states† and the District of Columbia had an initiative on teenage pregnancy in the 1980s, with the earliest dating from 1982 and the great majority released during or after 1985. Some states had more than one initiative—for example, one emanating from the legislature and another from a special task force or a number of reports issued by the same body—and in such cases, all available documents are included here. A list of the initiatives appears on page 70. In addition, task forces in at least three states‡ are ongoing or have recently been formed and had not issued a report as of December 1988.

As Table 26 shows, the impetus for state action comes from a variety of sources: In 12 of the 25 states, initiatives began in the legislature; in 10 states and the District of Columbia, they originated with gubernatorially appointed task forces or executive decrees; and in eight, they were the result of interagency efforts.* Initiatives of 21 states deal with both prevention of pregnancy and support services for pregnant and parenting teenagers, while those of two states and the District of Columbia focus primarily on prevention and two focus primarily on support services. They propose a variety of approaches, ranging from demonstration projects to a well-financed comprehensive initiative of specific programs.

Different states demonstrate different levels of commitment. For example, Maine recommends a $10 million budget for an initiative, with specific programs covering a wide range of prevention and support services, while Virginia's recommendations take the form of a government council "requesting business and industry . . . to extend employment and training incentives and opportunities to youth-at-risk." A few states† have demonstrated considerable commitments through such efforts as producing a series of reports or establishing an ongoing task force to oversee state efforts on teenage pregnancy.

The emphasis of this report is to analyze states' recommended courses of action as well as legislative initiatives. Therefore, some of the strategies discussed may already be in place, while others may not. Ultimately, of course, a state's commitment to program implementation will be a better guide to its concern about this issue than even the best, most comprehensive plan.

Overview of Risking the Future

The NRC report *Risking the Future* is a comprehensive examination of the issue of teenage pregnancy, its prevalence, determinants and consequences, and the effectiveness of various program approaches. It offers recommendations for priorities in policy and programs based on scientific evidence. The study sets out three overarching policy goals to effectively and

* When noncomprehensive proposals and studies (without recommendations) are taken into account, only seven states (Alabama, Arkansas, Kansas, Nebraska, New Hampshire, Oklahoma and South Dakota) appear *not* to have acted on the teenage pregnancy issue in any way.

† California, Colorado, Connecticut, Delaware, Illinois, Iowa, Maine, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin and Wyoming.

‡ Louisiana, Massachusetts and Oregon.

* The numbers add to more than 26 because some states had more than one initiative.

† Maryland, New York and Tennessee.

comprehensively address adolescent pregnancy. In order of priority, they are:

- to reduce the rate and incidence of unintended pregnancy among adolescents, especially school-age teenagers;
- to provide alternatives to adolescent childbearing and parenting; and
- to promote positive social, economic, health and developmental outcomes for adolescent parents and their children.

Within the framework of these goals are a set of specific recommendations and conclusions. The NRC report makes a clear distinction between recommended interventions that have been proven to be effective and possible strategies that currently lack sufficient evidence to warrant a firm recommendation. This study measures states' plans against all the approaches presented in the "Priorities for Policies and Programs" section of the report—both recommendations and possible strategies—while noting the NRC's distinction between the two (see Table 27).

The NRC panel writes that it is "unequivocal in its conviction that the primary goal of policymakers, professionals, parents, and teenagers should be a reduction in the rate and incidence of unintended pregnancy among adolescents, especially among school-age teenagers." The achievement of such a goal would allow increased numbers of young people to obtain an education and enter the labor force before assuming the responsibilities of parenthood, thus maximizing their chances for fulfilling adult lives.

The report identifies several strategies to assist in achieving this goal. Only one, however, warrants the panel's recommendation based on its demonstrated effectiveness: encouraging contraceptive use for teenagers who are sexually active. Adolescents who use contraceptives are less likely to experience an unplanned pregnancy than are those who do not. Moreover, there is no evidence that the availability of contraceptives causes teenage sexual activity to increase, according to the panel. The challenge, however, is to encourage young people to obtain contraceptive care earlier, breaking the current pattern, in which many teenagers are sexually active for a year or more before they obtain contraceptives and, in many cases, become unintentionally pregnant during this time.

Contraception, however, is not the only preventive strategy proposed by the NRC—although it is the only recommended strategy. Adolescents must be shown that parenthood is both undesirable and inappropriate at that stage of their lives. One means to achieve that is to enhance adolescents' life options by "encouraging them to establish career goals in addition to parenthood and by helping them [to] understand the value of educational attainment and employability skills" [*RTF*, p. 267]. Even though research on the effectiveness of life-options programs is not yet available, the panel believes that such programs should be developed and evaluated.

Another area in which the NRC report endorses program development and evaluation—in the absence of clear evidence of effectiveness—is in efforts to postpone sexual initiation among both boys and girls. Young teenagers, in particular, may have difficulty in relating the decision to become sexually active to the possibility of life-long consequences. Communication and problem-solving skills and understanding the consequences of sexual activity may help these young people act responsibly.

The NRC believes that while the "prevention of pregnancy through abstinence or contraception is far preferable to unintended pregnancy among teenagers," pregnancies will inevitably occur [*RTF*, p. 276]. For young people in this situation, alternatives to childbearing and parenting are needed. Thus, both abortion and adoption receive the panel's imprimatur as recommended strategies that have been shown to be effective. The panel stresses the need for objective option counseling and support services.

Although births among teenagers have been declining, they, too, will continue to occur. Adolescent parents, particularly mothers, are at "serious risk of health and nutritional deficiencies, dropping out of school, unemployment, single parenthood, poverty, and long-term welfare dependence," the NRC report notes [*RTF*, p. 10]. In addition, the children of teenagers are at increased risk of developing physical, social and cognitive problems and deficiencies. Thus, a third goal of the NRC is to promote positive social, economic, health and developmental outcomes for adolescent parents and their children. The panel recommends as effective the support of health and

nutrition services, including prenatal, labor and delivery care for the young woman, pediatric care for the child, and contraceptive services to prevent a subsequent pregnancy. While it does not offer specific recommendations, it suggests possible strategies to ensure the economic well-being of families headed by teenage parents. Efforts to enhance the life opportunities of adolescent parents through educational and employment programs also receive the panel's recommendation. In addition, the panel suggests life-management training, child care for mothers who work or go to school and case management (a system that makes one person responsible for helping the teenager get all the services and benefits she needs). Finally, in an effort to promote the social, emotional and intellectual development of the children of adolescent parents, parenting education is recommended.

How State Initiatives Compare To Risking the Future

The tone of most state reports is consistent with that of the NRC in that preventive approaches to teenage pregnancy are emphasized. However, although many states report significant gaps in services in the area of primary prevention, the vast majority of specific recommendations are focused on programs for pregnant teenagers and young parents rather than on preventive strategies.

While the NRC report recommends contraceptive education and services as the "surest strategy for pregnancy prevention" [*RTF*, p. 4], state efforts in prevention center largely on strategies that are less controversial, but, according to the NRC, are also less effective, particularly family life education and sex education. Instruction on responsibility and self-esteem, it is hoped, will delay sexual initiation. In addition, a large number of states focus their preventive efforts on programs designed to enhance life options for teenagers and thus increase their motivation to avoid premature pregnancy. Several rely exclusively on education about life options and/or family life and sex education for their pregnancy prevention efforts, without concomitant support for contraceptive education and services. Moreover, alternatives to childbearing, which receive high priority in *Risking the Future*, are not addressed in most state reports; even in those that do confront the issue, this topic receives scant attention. The vast majority of states do, however, recommend services for pregnant and parenting teenagers, focusing on prenatal care to reduce infant mortality and on support services, such as child care, to allow young people to avail themselves of educational and employment opportunities.

Interestingly, the 16 states* that developed initiatives after *Risking the Future* was issued place no greater emphasis on promoting contraceptive use among teenagers than do those developed before. In fact, those released after the NRC report more frequently recommend abstinence as a primary goal than do the earlier reports. States evidently remain uncomfortable with the direct strategies recommended by the NRC panel. Indeed, only one state report issued subsequent to that of the NRC—that of Connecticut—closely parallels its proposals.

Reducing the Rate of Unintended Pregnancy Among Adolescents

The NRC report lists several strategies to prevent teenage pregnancy: "Enhance the life options of disadvantaged teenagers, delay the initiation of sexual activity, and encourage contraceptive use [among] teenagers who are sexually active" [*RTF*, p. 266]. As already noted, because of the lack of sufficient scientific evidence on the effectiveness of the first two strategies, the NRC panel only endorses the continued development and evaluation of such programs. The importance of encouraging contraceptive use for pregnancy prevention, however, is well documented, and thus is formally endorsed by the NRC report. Several strategies are specifically recommended by the NRC: the availability of free or inexpensive confidential contraceptive care, through a variety of service models; enhanced outreach to and counseling and follow-up of adolescent patients; and education

* California, Colorado, Connecticut, Iowa, Maryland, Missouri, New Jersey, New Mexico, New York, North Carolina, Tennessee, Utah, Vermont, Virginia, West Virginia and Wyoming.

about contraception. The panel also concludes that the pill is the safest and most effective means of birth control for adolescents and urges public education to dispel the myths among teenagers about the health risks of pill use. Implementation and evaluation of school-based clinics, condom distribution programs and contraceptive advertising are also suggested. The states, by contrast, are more likely to emphasize life-options programs and efforts to delay sexual activity than they are to recommend carefully considered contraceptive programs.

Encouraging Contraception. While the NRC report states that "the most effective intervention for reducing early unintended pregnancy in sexually active teenagers is diligent contraceptive use" [*RTF*, p. 271], the idea of encouraging teenage contraceptive use is sufficiently politically volatile for states to adopt widely diverging policies on this matter. At one end of the spectrum, Maryland formed a unique coalition to promote increased expenditures for family planning in an effort to reduce the incidence of abortion. There, legislators and private organizations on both sides of the abortion debate joined together to ask the governor for a $3.2 million budget allotment for family planning services.[3] And a New York report notes that the legislature appropriated $10 million for family planning in 1986–1987. At the other end of the spectrum, Missouri recommends that "state legislators ensure [that] public funds are not used to promote contraception, sterilization and abortion among teenagers," and advocates chastity. Missouri takes the approach that teenagers who are sexually active are seriously troubled. It suggests that counselors "should help teens discover the reasons they are genitally active at a young age and help them to resolve the basic problems and cope with current difficulties." Utah adopts a similar approach. It expressly "[does] not support the use of contraception as an alternative to abstinence for teenagers," on the grounds that "promoting contraceptive use [among] teenagers conveys a message of implied societal approval of sexual intercourse among teenagers."

Sixteen of the states with initiatives,* as well as the District of Columbia, recommend family planning services at some level. Many simply mention the need for increased availability of such services, while a few are more specific, addressing the need for low-cost, accessible and confidential care. Wyoming set the specific goal that by 1992, 95 percent of youths in that state who request family planning services will be able to obtain them with "reasonable" ease. Only seven states,† however, explicitly refer to the need for confidential services. Connecticut addresses the issue in some depth, suggesting that the health department examine strategies to encourage parental involvement while also guaranteeing confidentiality. It even proposes the development of a " 'sensitive health care' program to enable the state to provide funds for adolescent health care in certain situations when the adolescent cannot pay and does not wish parents or private insurers to be billed." Vermont recommends that "sexually active teenagers have access, without barriers, to contraceptive counseling and services," and, noting that confidentiality is an important factor for adolescent boys and girls and a difficult issue for many health care givers, suggests continuing education for physicians in adolescent medicine. It is common, however, for states to recommend parental consent for teenagers to participate in school-based clinics.

A few states‡ and the District of Colombia discuss the affordability of services. Maryland, for example, cites a study by its Department of Health and Mental Hygiene that determined that for every dollar that goes to family planning services for women under 20, $3.50 is saved by a variety of federal and state agencies that serve women following conception (e.g., medical assistance, supplemental feeding program for Women, Infants and Children and Aid to Families with Dependent Children). The state recommends that contraceptives be dispensed free of charge. Moreover, the Maryland report notes, as does the

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* Colorado, Connecticut, Delaware, Illinois, Iowa, Maine, Maryland, New Jersey, New Mexico, New York, Ohio, Pennsylvania, South Carolina, Texas, Wisconsin and Wyoming.

† Colorado, Connecticut, Maine, New York, Texas, Vermont and Wyoming.

‡ Maine, Maryland and New York.

NRC report, that for the adolescent population in particular, "it is important to establish strong educational and counseling programs as well." Nine* of the 16 states suggest that additional services, such as counseling, follow-up and outreach, be incorporated into contraceptive programs.

In accordance with its conclusion that the use of the pill is the safest and most effective means of birth control for sexually active adolescents" [*RTF*, p. 272], the NRC recommends both aggressive education to dispel myths among teenagers about health risks associated with pill use and exploration of nonmedical ways to distribute the pill. Although a Maryland report discusses the decrease in oral contraceptive use resulting from publicity about the dangers of the pill, there is no recommendation on this issue. No other state initiative addresses oral contraceptives at all.

• School-Based Clinics. *Risking the Future* urges support for a variety of program models for contraceptive services, including school-based clinics. Typically, school-based clinics seek to improve the overall physical and mental health of teenagers, but those recommended by the NRC would also include contraceptive care in the array of services offered. Such clinics, according to the NRC report, "capitalize on many of the features that existing research has shown are associated with teenagers' attendance at family planning clinics, including convenience, comfort, confidentiality and cost" [*RTF*, p. 169]. While the NRC views this model as "extremely encouraging," it states that further evidence of the impact of such clinics is needed and recommends more development and evaluation of comprehensive school-based clinic models in schools with high-risk populations [*RTF*, p. 170].

Thirteen states and the District of Columbia recommend creating school-based clinics, and two more urge studying this approach further.† Many of the states suggest beginning with pilot programs, while others would implement the programs more widely. For example, Michigan recommends establishing clinics in all middle schools and high schools in the state. Missouri, by contrast, advises that the state *not* fund school-based clinics.

According to the NRC report, at a minimum, school-based clinics provide counseling, make referrals to family planning clinics or private physicians and conduct follow-up after making referrals. The report states that nationally, approximately three-quarters of the clinics in operation conducted pelvic examinations and wrote prescriptions for contraceptive methods, while several actually dispensed contraceptives on-site.

The extent to which state proposals for school-based clinics actually envision providing family planning services is unclear. Eight states* make no mention of contraceptive services, yet justify their proposal for a school-based clinic by referring to the success of programs such as that in St. Paul, Minnesota, which incorporates contraceptive counseling and referral. Presumably, these states intend that some family planning services would be provided. Colorado and the District of Columbia, however, make explicit mention of contraceptive services in school-based clinics, while three other states† expressly forbid it.

School-based clinics do have some inherent limitations, according to the NRC. The clinics are often restricted to school days and to enrolled students, although Michigan recommends providing services to all teenagers, whether they are currently students or not. In addition, few will fill prescriptions, forcing students to go elsewhere to actually obtain the contraceptives and possibly deterring some teenagers from effective contraceptive practice. Such limitations on contraceptive availability may occur in states whose support of contraceptive information and services seems to be restricted to the school context.

• Condom Distribution Programs. The second contraceptive delivery program recommended in *Risk-*

* Delaware, Iowa, Maine, Maryland, New Jersey, New York, South Carolina, Texas and Wisconsin.

† Colorado, Connecticut, Delaware, Maine, Maryland, Michigan, New Mexico, New York, North Carolina, Ohio, South Carolina, Texas and Wisconsin. Illinois and Vermont urge further study.

* Connecticut, Delaware, Maine, Michigan, New York, Ohio, South Carolina and Texas.

† Maryland, North Carolina and Wisconsin. However, the Wisconsin interagency plan states the need for comprehensive adolescent health services, including family planning.

ing the Future is a condom distribution program aimed specifically at young men. The NRC sees this approach "as a potentially promising means of encouraging male involvement in pregnancy prevention" [*RTF*, p. 275]. Although none of the states specifically recommend such a program, many confront the issue of male responsibility in pregnancy prevention. The majority of those states seek to do so by illustrating the consequences of parenting a child. For example, the District of Columbia recommends a media campaign based on the theme "Don't Make a Baby if You Can't Be a Father."

A few states,* as well as the District of Columbia, focus on contraceptive services for men. A New York report, in trying to combat "the perception of many males that family planning is a 'female' issue," advocates additional funding "to promote services for males." And Maine's report, which has a special focus on males, recommends research in the area of male contraceptive knowledge, attitudes and practices. This proposal is designed to address the fact that "most boys do not know how to use contraceptives properly and do not know whom to ask for that information."

• Contraceptive Advertising. The NRC recommends both the development of contraceptive advertising and the testing of its effectiveness. None of the states deal directly with the issue as it is presented in the NRC report, but three states† address the concept of contraceptive advertising indirectly. Wisconsin adopted legislation repealing restrictions against contraceptive advertising. Taking a more active role, both South Carolina and Delaware suggest advertising contraceptive services in their statewide media campaigns. Indeed, the South Carolina campaign would promote "the responsible use of contraception by those teenagers who are sexually active."

• Contraceptive Education. Under the rubric of encouraging contraceptive use, the NRC report recommends frank and informative sex education that includes information on methods of contraception, their use and their availability. While all the states that address the prevention of teenage pregnancy include a recommendation on family life and/or sex education, only nine* and the District of Columbia indicate that contraceptive information should be included in such programs, and Maine leaves the decision to localities. New Jersey, which already mandates family life education, recommends that contraceptive education be included, beginning in elementary school, and Connecticut discusses contraceptive education only in contexts other than schools (e.g., churches and youth groups).

A few of the states that address contraceptive education are fairly bold. A Colorado report recommends going beyond teaching about the biology of reproduction to educating the students about sexually transmitted diseases, birth control and "the positive aspects of sexual abstinence"; it would also provide information on adoption and abortion. To justify this recommendation, Colorado cites a 1985 Gallup Poll finding "that 75 percent of Americans [felt] that public high schools should include sex education in their instructional program. Of these supporters, more than 80 percent felt that birth control, venereal disease, and the biology of reproduction should be included as topics." Both the District of Columbia and Wisconsin propose that the traditional scope of family life and health education be broadened. The interagency "Plan for Wisconsin" calls for a program similar to Colorado's, and the District of Columbia suggests that the life-planning program incorporate sex education—including birth control, male responsibility, paternal rights and responsibilities and child support laws. These three efforts are the most direct in their approach to the prevention of teenage pregnancy. Most of the others, if they incorporate family planning issues at all, do so only vaguely and as one of a number of issues concerning teenagers.

Enhancing Life Options. While programs to enhance life options do not actually receive an NRC recommendation, states are increasingly focusing their teenage pregnancy prevention efforts in this area. The hope is that such programs will indirectly influence teenagers' sexual decision-making by "developing and

* Connecticut, Maine and New York.

† Delaware, South Carolina and Wisconsin.

* Colorado, Iowa, Michigan, Missouri, New Jersey, Ohio, South Carolina, West Virginia and Wisconsin.

strengthening their 'motivation to avoid early childbearing' " [*RTF*, p. 141]. *Risking the Future* discusses this strategy, focusing specifically on high-risk adolescents and noting that "the overwhelmingly negative odds of intergenerational poverty have stifled the motivation of many to delay immediate gratification and avoid pregnancy" [*RTF*, p. 267]. Some states* and the District of Columbia agree, targeting life-options programs to high-risk adolescents. The Wisconsin and New York reports delineate the factors that put adolescents at increased risk of unintended pregnancy, including poverty, low educational attainment, low self-esteem, low aspirations and having a mother or older sister who was a teenage parent. The implication is that while the life-options approach appears promising for those teenagers at highest risk, it would not be effective for all teenagers.

Risking the Future acknowledges that unless adolescents are motivated to avoid pregnancy, other preventive interventions may have little positive effect. However, the NRC panel warns that it does not have empirical evidence that life-options programs are effective at reducing the rate of early pregnancy. Nevertheless, the panel believes that these interventions deserve further development and evaluation. The NRC report focuses on four programs to enhance life options: life-planning courses, programs to improve school performance, employment programs and role model and mentor programs. Eighteen states† and the District of Columbia have initiatives that recommend a life-enhancing program model of some form.

• Life-Planning Courses. Seven states‡ and the District of Columbia make reference to some kind of life-planning education or counseling. Typically, though, it is incidental to the development of a career-planning program. The District of Columbia, however, proposes a special task force to develop a life-planning curriculum for the public schools. This course would cover information ranging from occupational knowledge and career selection to sex education and responsibility. The program would also discuss the procedures for applying to the summer youth employment program and include a 12th grade mandatory class called "Making It On Your Own." The District of Columbia is the only jurisdiction with a comprehensive and substantive effort in life-planning education.

• Improving School Performance. Although research has not specifically linked programs to improve school performance with reductions in adolescent pregnancy, the NRC notes that "many researchers, service providers, and advocates have observed [that] educational opportunity and achievement are key to helping high-risk teenagers develop elevated expectations, a sense of can-do, and the basic skills necessary to achieve their goals" [*RTF*, p. 268]. Of the 19 jurisdictions that propose life-enhancing programs, 13 states* and the District of Columbia look to education, particularly drop-out prevention activities, for teenagers who are neither pregnant nor parents. For example, citing evidence that some educational interventions can be successful at keeping high-risk students in school, the Wisconsin report suggests assisting young people long before they reach the level of academic failure that causes them to drop out.

Many states appear to be at a loss as to how to decrease the drop-out rate. Their reports either speak of this intervention in the vague terms of "support services" or discuss the need to study the subject further. For example, Colorado's report addresses an apparent lack of hard evidence on the issue, recommending the development of a data system. Others, however, take a creative look at addressing the problems of at-risk youths. Maryland is a case in point, recommending the development of a pilot program tying monetary incentives to conscientious school attendance, good school performance and the avoidance of pregnancy.

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* Colorado, New York, Ohio and Wisconsin.

† Colorado, Connecticut, Illinois, Maine, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Ohio, South Carolina, Tennessee, Utah, Vermont, Virginia, West Virginia and Wisconsin

‡ Colorado, Connecticut, Maine, Missouri, New Mexico, Ohio and Wisconsin.

* Colorado, Connecticut, Illinois, Maine, Maryland, Michigan, Missouri, New Mexico, New York, Ohio, Utah, West Virginia and Wisconsin.

• Employment Programs. The NRC report notes the lack of evidence linking youth employment programs to reductions in pregnancy. However, the panel believes that further program development and evaluation is needed to assess the potential effectiveness of such programs. Eight states* and the District of Columbia include recommendations on employment as a means of enhancing life options. One report, on the other hand, actually rejects employment programs as an intervention, saying that there is no evidence linking them to pregnancy reduction. According to the New Mexico report, "employment-related factors currently appear to be minor or at least indirect in the equation of causes."

The majority of states that address this issue call for job-training, counseling and placement services to assist at-risk teenagers. New York takes it one step further in proposing employment centers within high schools, listing the major tasks such centers would perform. And Connecticut combines a concern about both education and employment, looking to the provision of jobs as an incentive for students. Its recommendation is modeled after the Boston Job Collaboration and would encourage students to remain in school with the expectation of employment upon graduation. The program would include summer and part-time jobs as well as career-planning and job-counseling services.

While programs such as these would assist teenagers in obtaining employment, they do not address the larger question of the availability of employment. *Risking the Future* suggests that the lack of meaningful employment opportunities in our society may diminish the motivation to delay parenthood. Only one state addresses that structural question. Maryland calls upon specific governmental departments to "develop a bold, comprehensive plan of action to alleviate the chronic and worsening high rate of unemployment among high-risk teens." It seeks to confront the problem by developing the means to link "economic development to increased job opportunities for high-risk teens."

• Role Models. Very little information is available on the effectiveness of role model programs, but as the NRC report states, "providing high-risk teenagers with positive examples on which to model their behavior may help them form aspirations, expectations, and activity patterns that match desired norms" [*RTF*, p. 269]. Eleven states* and the District of Columbia address role modeling. These recommendations typically endorse and encourage teenage companion programs, such as the one in the District of Columbia, which urges men's and women's organizations, such as sororities and fraternities, to "adopt-a-teen."

Delaying Sexual Initiation. The most widely accepted intervention for reducing teenage pregnancy is to attempt to delay sexual initiation. However, like life-enhancing options, this strategy lacked the scientific basis to become a recommendation in *Risking the Future.* Instead, the NRC panel notes that "several interventions have the potential for helping young people delay the initiation of sexual activity, although there is little available evidence at this time to document their effectiveness" [*RTF*, p. 269].

Despite the lack of scientific evidence, all states that address pregnancy prevention are committed to programs that attempt to postpone teenage sexual activity, mostly through education. However, four states† place particular emphasis on the promotion of abstinence. Having concluded that the choices made by teenagers regarding sexual activity and pregnancy "depend little on the availability of public services," Missouri addresses cultural values and societal institutions that shape behavior. It recommends development of programs for improving family communication skills that help promote adolescent responsibility, as well as decision-making programs by community institutions such as the PTA. Ohio specifies that programs promoting abstinence should be a funding priority, stating that "special emphasis will be given to programs that educate young men to say 'no.'"

* Connecticut, Maine, Maryland, Missouri, New York, Ohio, Virginia and Wisconsin.

* Connecticut, Maine, Maryland, New Jersey, New York, Ohio, South Carolina, Tennessee, Vermont, Virginia and Wisconsin.

† Missouri, North Carolina, Ohio and Utah.

New York emphasizes abstinence but also takes a broader view of the problem. It states that, along with accurate information, family communication and family life education, "access to basic health care, and accessible and affordable family planning services must be considered in the development of a community's prevention strategy."

The NRC report specifically discusses four strategies that may assist in delaying sexual initiation: family life and sex education, assertiveness and decision-making training, role models and popular media approaches designed to postpone sexual activity.

• Sex Education and Family Life Education. Although they lacked sufficient scientific basis to warrant a recommendation from the NRC panel, sex education and family life education garner unanimous support from all the states that address the prevention of pregnancy. Of the 24 jurisdictions* with recommendations on family life and sex education, nine states† and the District of Columbia actually propose mandated K–12 instruction. None of them, however, require completion of a course for graduation. The remaining states with a family life and/or sex education recommendation strongly encourage instruction, and Michigan actually proposes incentives to localities to provide it.

The majority of the states propose discussion of human reproduction in their curriculum, but only nine‡ and the District of Columbia propose that information about family planning be covered. Most states are not very specific about the content of their program, but give the impression that they would cover a great many topics, ranging from family relationships to drug abuse and suicide. Teenage pregnancy would be addressed, but it would be just one topic among many.

A few of the program ideas stand out because of a unique component of the curriculum. Ohio suggests that education about human growth and development include a requirement for community involvement in decisions about the local course of study. Connecticut suggests "companion courses" to help parents and other adults become more informed about and comfortable with their own sexuality and that of adolescents. And the District of Columbia's family life and sex education program would incorporate population education to provide a framework for instruction and to broaden the students' horizons.

The sex education recommendations are not always in the context of the schools. Missouri, for example, urges that "parents, schools, churches, religious organizations, and [the] community teach abstinence and promote chastity to decrease/eliminate premarital sex and marital infidelity." And Maryland looks to the religious community to provide family life and sex education.

While there is no conclusive evidence on the impact of sex education or family life education on sexual activity or pregnancy, there is evidently a strong consensus in the states that increased knowledge is beneficial to the prevention of teenage pregnancy.

• Assertiveness and Decision-Making Training. Of the jurisdictions with recommendations on sex education and family life education, 16 states* and the District of Columbia suggest that decision-making or assertiveness training be incorporated into the curriculum, focusing on interpersonal communications skills, problem solving and self-esteem. This approach is one that the NRC suggests, if evaluation can demonstrate results. Other states, such as Connecticut, address decision-making, but not in the context of sex education and family life education.

• Media Treatment of Sexuality. Given the influence of the mass media in teenagers' lives, a number of campaigns have been launched against the "irresponsible" portrayal of sexual relationships. The goal of these efforts is to persuade the media to promote more positive and responsible images of human

* All but California and West Virginia.

† Colorado, Delaware, Maryland, New York, Ohio, South Carolina, Utah, Virginia and West Virginia.

‡ Colorado, Iowa, Michigan, Missouri, New Jersey, Ohio, South Carolina, West Virginia and Wisconsin.

* Colorado, Connecticut, Delaware, Illinois, Iowa, Maine, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Texas and Wisconsin.

relationships. Seven states* and the District of Columbia incorporate such a strategy into their reports.

The District of Columbia believes that the media must be an integral part of any teenage pregnancy prevention program because of their pervasive and persuasive nature. It proposes a "Clean Up the Airwaves" campaign in which the mayor would make a personal appeal to radio and television station managers and recording industry representatives "to enlist their support in developing alternative or more discreet programming." A Maryland proposal calls for the governor's leadership in an effort to sensitize the "consciousness of the media and business community to the special vulnerability of teens to sexually oriented entertainment and advertising." The diffuse nature of media approaches makes evaluation difficult, but *Risking the Future* notes that it is a "promising approach."

Providing Alternatives to Adolescent Childbearing and Parenting

While the NRC report clearly places the highest priority on the prevention of pregnancy, the panel notes that many teenagers will continue to experience unintended pregnancies, and will be confronted with the dilemma of whether to terminate the pregnancy, keep the child or relinquish the child for adoption. The panel concludes that "there is at present no scientific basis for restricting the availability of abortion to adolescents" [*RTF*, p. 278], while also recommending that "relevant public agencies, in cooperation with the private sector, explore ways of strengthening adoption services" [*RTF*, p. 280]. The report states that teenagers "should receive objective, nonjudgmental counseling to inform them of all their options for pregnancy resolution and the associated risks and benefits of each" [*RTF*, p. 280]. The panel goes on to say that regardless of her decision, a woman should be treated with dignity and receive confidentiality, kindness and the best of health care. It also calls for counseling and support services to accompany the various options.

*Maine, Maryland, Missouri, New Jersey, New Mexico, Tennessee and Utah.

A variety of issues come under the NRC's discussion of the alternatives to childbearing, including pregnancy testing, abortion and adoption services, options counseling and referral. Twelve states* and the District of Columbia address these issues in some way, but only Maine and Wisconsin consider them comprehensively. Generally, the states address adoption, pregnancy testing and counseling but hesitate to go beyond that. Alternatives to childbearing is the area of *Risking the Future* that receives the scantiest state coverage.

• Pregnancy Testing and Counseling. The NRC panel does not offer a specific recommendation on pregnancy testing and counseling, but simply stresses the importance of early confirmation of pregnancy and the provision of full information on "the possible risks, benefits, and consequences of maternity, abortion and adoption, as well as the appropriate referral" [*RTF*, p. 279]. The states generally pay little attention to these areas. Eight states† and the District of Columbia incorporate pregnancy testing into their recommendations. They propose a variety of approaches, ranging from a suggestion that pregnancy testing be provided in school-based clinics to a requirement that free testing be offered at all public health facilities. South Carolina plans to allocate almost a quarter of its $1.5 million budget for teenage pregnancy to pay for monthly visits by local health department staff to all middle school and high school students to provide family planning services and free pregnancy testing. More commonly, however, states simply mention testing as one aspect of comprehensive health care for teenagers.

Early detection of pregnancy, the NRC report points out, is critical if a young woman is to have every option at her disposal. Many states, however, view pregnancy testing not as an opportunity to consider options but as an entry point into prenatal care. As

* California, Connecticut, Delaware, Illinois, Maine, Maryland, Missouri, Ohio, South Carolina, Tennessee, West Virginia and Wisconsin.

† Delaware, Illinois, Maine, Maryland, Missouri, South Carolina, West Virginia and Wisconsin.

the Delaware report explains, free pregnancy testing is a means to increase the "number of teen parents entering prenatal care early in the pregnancy." Similarly, West Virginia, having concluded that the state has the seventh lowest ranking for early prenatal care among teenagers, advocates the need to educate students about the importance of early pregnancy testing.

Of the nine jurisdictions that advocate pregnancy testing, only six states* and the District of Columbia explicitly discuss pregnancy counseling. In addition, California and Tennessee refer to pregnancy counseling in isolation from pregnancy testing. And only five states† explicitly recommend objective counseling. The Maine report, like *Risking the Future*, recognizes all legally available options, including abortion, and says that "women should have comprehensive, nonbiased counseling." Connecticut recommends "nondirective, comprehensive counseling" on all options and proposes that resources be made available for follow-up counseling for teenagers who select adoption or abortion. California's Adolescent Family Life Act, by contrast, restricts counseling, specifying that "no grant funds may be expended for abortions, abortion referrals, or abortion counseling."

Colorado incorporates the idea of discussing all legal options in sex education, but does not refer to counseling when pregnancy is diagnosed. The Iowa and District of Columbia reports also include discussions about options within the educational curriculum, although they mention only childbearing and adoption, omitting abortion.

Abortion Services. As already noted, the NRC panel concludes that there is no scientific basis for restricting the availability of abortion for adolescents. Moreover, "the panel believes there should be no compromise in the medical and personal supportive care of the 400,000 adolescents who have an abortion each year" [*RTF*, p. 279]. The only state to include a recommendation relating to abortion is Connecticut, and there is no elaboration on the topic in the report. However, both Maine and Wisconsin discuss the need for a support system for teenagers, regardless of the option they choose. Wisconsin specifically recommends a "support system through pregnancy termination or delivery."

While only one state includes a provision on abortion services, the initiatives commonly forbid the use of funds for abortion. Several state reports, however, contain a frank discussion about the role the state should play with respect to abortion services. After much debate, the Maryland task force "agreed to disagree" on the issue. Maine discusses the funding of abortion services for the poor, but chooses not to recommend it, although the report does contain minority views supporting abortion funding.

Another issue of concern to the NRC panel is the issue of parental consent for abortion. The NRC report cites evidence that "to require minor teenagers to seek parental consent often causes them to delay abortions with attendant health risks" [*RTF*, p. 278], and suggests encouraging the involvement of parents in a teenager's decision-making process, but not requiring it. Although the states rarely deal with this issue, many note the existence of state legislation requiring parental consent or notification. Only Wisconsin's initiative addresses the idea of parental consent through legislation encouraging, but not requiring, parental consent for abortion.

Adoption Services. Risking the Future recommends strengthening adoption services, improving decision-making counseling for pregnant teenagers and developing effective models for providing comprehensive care to young women who choose adoption. Eight states* and the District of Columbia incorporate adoption into their recommendations, often allotting a relatively large portion of their funds for this activity. It is rare, however, for counseling and comprehensive care issues to be addressed.

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*Delaware, Illinois, Maine, Maryland, South Carolina and Wisconsin.

† Connecticut, Delaware, Maine, Missouri and Wisconsin.

* California, Connecticut, Maine, Maryland, Missouri, Ohio, Tennessee and Wisconsin.

The promotion and provision of adoption services was a top priority for the 1984 Tennessee Committee on Adolescent Pregnancy, which included specific recommendations to expedite the adoption process and provide assistance to the teenager during pregnancy. It also recommended a community awareness campaign to promote adoption. Maryland, consistent with the NRC report, recommends supportive counseling for teenage parents who choose adoption, including "support, grief and adjustment counseling, and referrals to other needed services." And Missouri urges that information about adoption be included in all family life courses.

The District of Columbia examines the issue of child placement services, recognizing "that there are times when [young parents] cannot or will not be able to fulfill their parenting responsibilities." The District of Columbia recommends training counselors on the "myths and realities of the adoption process" and on "innovative approaches to adoption counseling and [adoption] practice for pregnant teens, putative fathers and their parents." The D.C. panel also recognizes that sometimes none of the traditional options are suitable for the teenager, and encourages the use of short-term foster care until the adolescent is ready to care for her child.

Promoting Positive Outcomes For Adolescent Parents and Their Children

According to the NRC report, adolescents who give birth are "at serious risk of health and nutritional deficiencies, single parenthood, unemployment, poverty and long-term economic dependence" [*RTF*, p. 281]. In addition, the child born to the teenage parent is at increased risk of developing physical, social and cognitive problems and deficiencies. Therefore, the report identifies as its third overarching goal the need to "promote positive outcomes for adolescent parents and their children" [*RTF*, p. 281]. The panel's broad-based approach includes programs to provide the means, as well as the motivation, for the adolescent parent to overcome the "likely negative consequences of early childbearing" [*RTF*, p. 288]. *Risking the Future* recommends support of health and nutrition services, including prenatal, labor and delivery care for the women and pediatric care for the child; free or inexpensive contraceptive care to prevent subsequent births; special education for pregnant and parenting teenagers; and employment programs to enhance life options. It also suggests the development and evaluation of child care programs targeted to the needs of teenage parents, parenting education to promote child development and case-management services to help adolescent parents obtain needed services.

All the state initiatives, including those emphasizing prevention, address the needs of adolescent parents at some level. The states' rationales for programs aimed at these individuals varies from simply providing support to helping adolescents become self-sufficient and preventing subsequent unintended pregnancies. In fact, this is the area in which state recommendations parallel those of *Risking the Future* most closely.

The Physical Health of Young Mothers and Their Babies. The NRC report recommends continued "support for the provision of appropriate health and nutrition services, including prenatal, labor, and delivery care for pregnant adolescents and regular and emergency pediatric care for the children of teenage mothers" [*RTF*, p. 282]. The majority of states address the health needs of pregnant and parenting adolescents and their children by focusing on the provision of prenatal care and addressing bureaucratic barriers to subsidized health care.

Many of the reports state the need for comprehensive health services for these teenagers. They generally note that pregnant adolescents have special health needs. The Maryland report, for example, points out that "teenage mothers show increased [incidence] of severe anemia, pregnancy toxemia, labor and delivery complications and high morbidity rates," and are at risk of delivering premature and low-birth-weight babies. Because of concern over high infant mortality rates among babies born to teenage mothers, health programs receive high priority in the reports. Initiatives of 21 states* specifically recommend early and regular prenatal care; 11 states and

* All but Iowa, South Carolina, Utah and Virginia.

the District of Columbia address nutrition education; seven states discuss the specific need for labor and delivery services; and 11 cover the need for pediatric care.*

The states vary in the depth and scope of their program recommendations in this area. Delaware proposes comprehensive prenatal services in both the schools and public health facilities, while West Virginia recommends counseling for pregnant teenagers and their male partners on prenatal health care. The labor and delivery services addressed in the Pennsylvania report would cover funding for "one postpartum visit, laboratory services and a delivery fee." Wisconsin and Texas, meanwhile, are studying the expansion of hospital care.

The two primary issues concerning health services for teenagers are accessibility and affordability. The Maine report discusses the need to "increase teens' use of services by locating [such services] in places accessible and familiar to teens, such as schools and at programs that are serving pregnant and parenting teenagers, and by providing flexible hours of services." And New York recommends working toward "fully accessible health care, with an initial emphasis on at-risk, pregnant and parenting adolescents."

Many of the states mention school-based clinics as a means of reaching pregnant and parenting teenagers. The Michigan report proposes school-based clinics in the context of the need for early and comprehensive prenatal care. Maryland points to the wide range of health services that can be provided in such clinics—including pediatric care for the children of teenage parents. Similarly, the District of Columbia report points out that nutrition education is often provided through a school-based clinic.

A Maryland report notes that a comprehensive health care system must "extend beyond school-based programs to serve out-of-school teens and to be a backup for the school-based programs." A few states discuss the need for comprehensive public health care facilities. According to the Delaware plan, such sites can offer primary health care, family planning, comprehensive maternity care and child health care all in one place. The Delaware proposal also includes a case-management program in an effort to ensure comprehensive care and continuity of care for all teenagers, "not just low income" adolescents.

Risking the Future supports efforts to minimize bureaucratic barriers "that prevent teenagers from receiving early, regular, and appropriate care for themselves and their children" [*RTF*, p. 282]. Twelve states* address the issue of affordability, often in terms of eliminating bureaucratic barriers to federal programs such as Medicaid and food stamps. New York, for example, recommends that adolescents in households receiving Medicaid be given their own Medicaid cards so that they have easy access to health services.

In addition to addressing the expansion of services and access to federal health programs, several states address the need for affordable health care in other ways. The Pennsylvania report recommends a new mechanism for third-party reimbursement specifically for pregnant adolescents, to ensure adequate health care coverage. The Maine report emphasizes the cost of services for teenagers: "Teen parents often require longer medical appointments than the general population which increases the cost of their services." In addition, the Maine task force believes that "limited financial assistance for working poor families may prohibit teens from seeking adequate maternity and neonatal care." In light of these observations, it advocates a comprehensive initiative on financing care for pregnant and parenting teenagers. Its recommendation attempts to "assure that teens have no financial barriers to quality health care by examining both private insurance and public medical assistance policies."

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* Nutrition—California, Connecticut, Delaware, Illinois, Maine, Maryland, Michigan, New Jersey, New York, Vermont and Wisconsin; labor and delivery services—Connecticut, Delaware, Illinois, Pennsylvania, plus Maine, Texas and Wisconsin, which are studying the issue; pediatric care—California, Delaware, Illinois, Maine, Maryland, Michigan, Missouri, Ohio, South Carolina, Wisconsin and Wyoming.

*Colorado, Delaware, Iowa, Maine, Maryland, Michigan, Missouri, New York, Pennsylvania, Vermont, West Virginia and Wyoming.

Preventing Subsequent Births. In addressing the health needs of teenage parents, the NRC notes the problem of subsequent unintended births and recommends that free or inexpensive contraceptive services be offered and made readily accessible to such adolescents. According to the report, 30 percent of adolescents whose first pregnancy ends in a live birth have another pregnancy within two years. Many states incorporate this fact into their discussion of teenage pregnancy to show the spiraling consequences and costs of adolescent childbearing. Eleven states* and the District of Columbia specifically recommend strategies to combat repeat pregnancies, although these are often limited to education rather than services.

Tennessee adopted legislation directing all state-administered programs to present information to teenage parents on the benefits of postponing a subsequent pregnancy. Overall, nine states† and the District of Columbia recommend educational programs to address the problem of repeat pregnancy. Only six states,‡ though, specifically suggest family planning services for teenage parents. The Texas report urges the continued support and expansion of teenage parent programs that provide access to family planning information and services. New Jersey stresses the need to provide young fathers with contraceptive information and services. Ohio proposes to allocate funds for preventive interventions, with 75 percent of the money earmarked for primary prevention and 25 percent for secondary prevention. The latter would support programs that coordinate obstetric, gynecologic, pediatric and family planning services for teenagers.

Ensuring Economic Well-Being. Supporting teenage families until they become self-sufficient is "an essential strategy" in achieving the "larger goal" of economic independence, good health and positive life options, according to the NRC report [*RTF*, p. 286]. The two primary interventions to achieve this are child support enforcement and Aid to Families with Dependent Children (AFDC). The report addresses child support in the context of male responsibility and explores "grandparent liability," a strategy designed to make parents financially responsible for the offspring of their minor children. However, there is no concrete recommendation on grandparent liability in the NRC report.

- Child Support Enforcement. Efforts to enforce child support, according to the NRC report, have the double advantage of providing financial assistance to the teenage mother and increasing the young man's parental responsibility. Accordingly, the panel encourages efforts to explore the "effects and effectiveness" of forcing teenage fathers to take responsibility for their children [*RTF*, p. 286]. The reports of 10 states* incorporate recommendations on child support enforcement, which range from efforts in Ohio and Colorado to heighten awareness of child support and paternity laws to a proposed work requirement for fathers in Michigan. New Jersey seeks to provide incentives for young fathers to provide child support, suggesting that a mechanism be developed to "tie child support to parental rewards." New York proposes demonstration projects to test the effectiveness of supportive counseling as part of the paternity adjudication process. Maine's "special priority project for teen fathers" represents a comprehensive effort to encourage teenage fathers to accept their child support responsibilities, while continuing an education.

Risking the Future addresses the family's responsibility to contribute to the financial and emotional support both of their children and of their children's offspring. This philosophy has led a couple of states to adopt "grandparent liability" laws that require the parents of a minor who has a child to help support that child until the minor becomes an adult. The hope is that such legislation will provide financial

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* Connecticut, Illinois, Maine, New Jersey, Ohio, South Carolina, Tennessee, Texas, West Virginia, Wisconsin and Wyoming.

† Illinois, Maine, New Jersey, Ohio, South Carolina, Tennessee, Wisconsin, West Virginia and Wyoming.

‡ Connecticut, Illinois, Maine, New Jersey, Ohio and Texas.

*Colorado, Connecticut, Iowa, Maine, Maryland, Missouri, New Jersey, Ohio, Pennsylvania and Utah.

support for young parents, as well as enhance parent-child communication and thus help prevent pregnancy. Wisconsin was the first state to adopt grandparent liability legislation, and since then Hawaii has adopted similar legislation. Maryland recommends drafting such legislation, and Missouri suggests further study of its effectiveness. While the legislation would increase the financial resources available to the teenage parents, the NRC report stresses that "there are no data to show whether such provisions will serve the larger purpose of strengthening family bonds and stimulating emotionally supportive parental involvement" [*RTF*, p. 287].

• Public Assistance. AFDC payments, food stamps and Medicaid benefits provide support for teenage parents when partners and families are unable or unwilling to do so. However, according to the NRC panel, AFDC regulations "constitute an incentive for a teenage mother to establish independent living arrangements, thereby undermining her family's obligation and ability to provide financial and emotional support" [*RTF*, p. 286]. This concern is apparent in the reports of four states* that recommend an examination of federal regulations to ensure that they do not encourage teenage mothers to leave the parental home. Missouri, for example, recommends that "legislators revise welfare laws so welfare recipients who are the custodial parents can collect full child support from the parent of the child." New York, on the other hand, is concerned about balancing the child's rights with the inability of many families to provide such support. Connecticut and the District of Columbia, looking toward long-term self-sufficiency for young parents, advocate reducing disincentives to work while receiving AFDC. Other states have reports that examine additional aspects of public support: Reports from four states† have recommendations to increase AFDC payments, and reports from five states‡ discuss increased transitional payments, temporary financial assistance and the need to break down eligibility barriers.

Seven states* address the housing needs of teenage parents through developing model housing projects, expanding short- and long-term housing development and eliminating present barriers in eligibility and cost. New York, in particular, strongly emphasizes housing, suggesting that funds be earmarked for pregnant and parenting teenagers in the Shared Housing Option Program. *Risking the Future* does not address housing for teenage parents, choosing instead to focus on efforts to keep teenage parents and their children in the family home.

Enhancing Life Options. The availability of health services and economic support provide the means to promote positive outcomes for adolescent parents and their children. However, teenage parents who do not have positive life choices often lack the motivation to use such support programs. As the NRC report explains, until teenagers understand that they need to "invest in their own futures," they will not be motivated to overcome the "likely negative consequences of early childbearing" [*RTF*, p. 288]. Therefore, an additional strategy to promote positive outcomes for these parents must be to enhance their life opportunities. This can be accomplished through life-management training, educational support and remediation, employment programs, child care and comprehensive care programs; however, only the educational and employment programs receive an actual NRC recommendation.

Twenty-three states† and the District of Columbia urge at least one approach to enhancing life options for teenage parents. Life-options programs may be provided in a variety of settings, according to the states, with most being school-based in order to make them as accessible as possible to adolescents. As the New Mexico report concludes, "schools in most communities will be the most efficient source for reaching and influencing the maximum number of teens." The Michigan report would require schools receiving funds for alternative education to use its

* Maine, Maryland, Missouri and New York.

† Colorado, Connecticut, Maine and New York.

‡ Delaware, Iowa, Michigan, New York and Wisconsin.

*Connecticut, Iowa, Maine, New Jersey, New York, Ohio and Wisconsin.

† All but North Carolina and Wyoming.

"Comprehensive Model of Services for Pregnant Adolescents and Adolescent Parents and Their Children." This model encompasses a variety of support services, including physical and mental health care, counseling, education for both the parent and the child, day care and social service counseling. Similarly, a competitive grant program proposed in Pennsylvania to provide school-based educational and support services for pregnant and parenting teenagers specifically addresses "the various specialized needs of this particular pupil population." A few other states, most notably Maine, recommend a strong school-based program while also calling for involvement by the community, the medical profession, the media and families.

• Life-Management Training. Life-planning assistance is important to help teenage parents establish goals for themselves and actually achieve them, according to *Risking the Future*. Eight states* and the District of Columbia endorse life-management training for these purposes. As the Illinois report states, "students should be helped to see that they can control their destinies and give meaning to their lives." Research on the effectiveness of these programs is unavailable, but the NRC report suggests further program development and testing in this area.

• Educational Support. According to *Risking the Future*, "most teenagers who become mothers before they graduate do not finish high school" [*RTF*, p. 288]. Prospects for those parents and their children are drastically reduced. Accordingly, the panel recommends "a broad array of special education programs and services" to help pregnant and parenting teenagers complete their education [*RTF*, p. 289]. Eighteen states† and the District of Columbia endorse programs to counteract the negative impact premature parenthood can often have on educational attainment. They recommend a variety of special education programs and services, ranging from the establishment of flexible school hours and attendance requirements to the creation of alternative schools with a full range of support services for both the parents and their children. The services called for are usually on-site day care, health care, parenting education and transportation. Tennessee adopts a different approach, with legislation requiring the availability of homebound instruction for pregnant students. Wisconsin recommends alternative educational programs with flexible schedules, as well as extensive outreach and remediation services, to encourage pregnant and parenting teenagers who have dropped out to resume their educations. And Maryland proposes a model incentive program that rewards students for school attendance and academic performance.

• Employment Programs. The NRC also concludes that "efforts should be continued to strengthen and expand age-appropriate employment programs for pregnant girls and teenage parents, both male and female" [*RTF*, p. 290]. The report emphasizes the importance for students' future employability of ensuring that they finish their high school education and of aiding their transition from school to work. The states are in broad agreement with these recommendations. New York, for example, discusses the governor's interest in "pursuing guaranteed employment for all adolescents who complete high school." Not only could this decrease school dropout, but it could strengthen families. As the report states, "to the extent that families can support and sustain themselves, they provide hope to their children and the ability to plan for their own futures." The New York report reflects that concern with its School to Employment Proposal (STEP), encouraging school participation through work experience, with a stipend.

Sixteen states* address employment in their recommendations. The need to strengthen training and employment opportunities is seen by Maryland as a "key component of support services for pregnant and parenting teens." The report goes on to state that "obviously, increased employment opportunities can

*Illinois, Maine, Maryland, Missouri, Pennsylvania, Texas, Vermont and Wisconsin.

† California, Colorado, Connecticut, Delaware, Illinois, Maine, Maryland, Michigan, Missouri, New Jersey, New Mexico, New York, Ohio, South Carolina, Tennessee, Texas, West Virginia and Wisconsin.

* California, Connecticut, Delaware, Illinois, Maine, Maryland, Missouri, New Jersey, New York, Pennsylvania, South Carolina, Tennessee, Texas, Virginia, Vermont and West Virginia.

help teenage parents to achieve economic self-sufficiency and to delay second pregnancies." Most of these states suggest job training programs and job placement services. However, New York is the only state that points out that positions must bring in a reasonable income: "Training and employment strategies . . . must result in jobs with adequate salary and promotional opportunities if dependency is to be avoided." Ohio emphasizes the need to prepare teenagers for positions paying above the minimum wage.

While the NRC discusses the importance of addressing the lack of adequate jobs available to adolescents, especially minorities, only Maryland and Maine address the broader question of employment availability. Enhanced employability and earnings are required, according to the NRC, for young fathers to become economically responsible for their offspring.

• Child Care. For educational and employment programs to be successful for teenage parents, some special services, such as child care, are needed. As the NRC report states, "research confirms that young parents who have access to and use child care in their families or in their community are more likely to finish high school and to enter the job market" [*RTF*, p. 290]. Even so, the report only recommends the development and evaluation of model child care programs targeted to the needs of teenage parents. States seem to view child care as an even higher priority: Twenty-one* and the District of Columbia incorporate child care into their recommendations.

According to *Risking the Future*, to be effective, child care facilities must be convenient, affordable and equipped to "provide emotional support and guidance to young parents who may not fully understand their roles and responsibilities" [*RTF*, p. 290]. Although school-based day care centers are mentioned as accessible and affordable, the states provide little by way of specifics on how to tailor child care for adolescent parents. Typical is New Jersey's recommendation that the Department of Education be directly involved in providing day care centers that are in or near schools. A few states,† however, mention the need for "innovative, creative and stimulating care," to enhance child development.

• Case Management. To help teenage parents take advantage of support services in their communities and to help them negotiate the maze of public and private programs, the NRC urges the development and evaluation of case-management programs. As the report notes, "many high-risk adolescent parents require intensive individualized attention and care in order to have their basic needs met . . . and to help them fulfill their aspirations" [*RTF*, p. 291]. Initiatives of 17 states* recommend case management to improve coordination among support programs. South Carolina recommends it in the context of prenatal care; others, such as Delaware and Pennsylvania, envision it working through the schools. The Ohio report, which focuses on high-risk teenagers, recommends case management for teenagers who receive public assistance, while the other states discuss it in the context of the broader adolescent population.

Illinois stresses a "commitment to comprehensive services" and states: "The complexity of the problem [teenage parenthood] makes a cooperative effort of different disciplines and agencies a virtual necessity." In Illinois, a cooperative effort was achieved through its "Parents Too Soon" program, which links 10 state agencies in a coordinated effort to provide comprehensive service to teenagers. Despite the apparent success of the Illinois program, the NRC report concludes that "in the absence of more complete understanding of how . . . comprehensive care programs work and the extent of their potential benefit to clients beyond the period of participation, large new expenditures for interventions of this type are not warranted" [*RTF*, p. 291].

Promoting the Social, Emotional and Intellectual Development of the Children of Adolescent Parents. One of the most critical "negative consequences" of early childbearing is the increased likelihood that the

* All but North Carolina, Utah, Virginia and Wyoming.

† Delaware, Colorado and Wisconsin.

* California, Colorado, Connecticut, Delaware, Illinois, Iowa, Maine, Maryland, Michigan, Missouri, New Jersey, New York, Ohio, Pennsylvania, South Carolina, Vermont and West Virginia.

children of adolescents will display developmental disorders. According to *Risking the Future,* "the children of adolescent parents are especially vulnerable to behavior disorders, problems in school adjustment, lower intelligence and achievement scores, and retention in grade" [*RTF,* p. 291]. The panel notes that several factors contribute to this: the mother's youth and lack of schooling, poor nutrition, low birth weight, poverty and living in a single-parent household. In an effort to address the problem, the NRC report urges that special attention be paid to parenting education for teenage parents, particularly those from greatly disadvantaged backgrounds.

Most states concur. Twenty states* include parenting education or other child development strategies in their recommendations. The Maine report emphasizes improved parenting skills as a means of counteracting the often detrimental effects on a young child of having a teenage parent. A majority of the states, though, simply mention parenting education as one component of family life education for school-age parents. In other reports, parenting education receives a higher priority. Maryland, for example, calls for education about age-appropriate growth and development, the needs of children and how to shape children's behavior. Delaware emphasizes food budgeting, purchase and preparation, and Ohio views parenting education as a secondary prevention strategy, focusing on family planning and child abuse information.

Other Concerns

The NRC report incorporates some overriding concerns that many states have adopted. First, it discusses the importance of involving broad segments of the community in programs concerned with teenage pregnancy, and urges public and private organizations, state and local programs, and schools and communities to be involved. Most of the states, however, target their recommendations largely to the state government and emphasize the role of the schools in program implementation. The most notable exception is Maine, whose recommendations call on the government, the education system, social service agencies, the clergy, the medical community and the teenagers themselves to work toward the desired goals. A number of states, though, do envision community-based approaches. Vermont's "Parent/Teen Forums" are a case in point, where each area would bring together representatives from the health field, schools, community services and parents to plan and coordinate services. The NRC panel concludes, "Everyone can be touched by the problems; everyone can—indeed, must—contribute to the solution" [*RTF,* p. 293].

Risking the Future emphasizes the need for coordinated strategies, programs and efforts. Many of the states also see lack of coordination as one of the primary problems in the current service system. Yet only 13 states* and the District of Columbia specifically recommend improved coordination; the majority of them recommend that a specific entity oversee and coordinate state efforts.

Most of the NRC recommendations seek to include teenagers' parents and male partners in prevention and support programs related to adolescent pregnancy. Fourteen states† and the District of Columbia advocate enhanced efforts in parent-adolescent communication as part of their preventive strategies. The hope is that parents will be better able to " 'communicate their values and attitudes regarding sexual behavior to their children and to help their adolescents develop positive self-concepts and improved decision-making skills to enable them to exercise greater responsibility over their sexual behavior' " [*RTF,* p. 149]. Moreover, nine states ‡ call for education to enhance parents' understanding of the difficulties facing adolescents.

The NRC report emphasizes the need for

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* All but California, Iowa, North Carolina, Utah and Virginia.

* Colorado, Connecticut, Illinois, Maine, Michigan, New Jersey, New Mexico, New York, Ohio, South Carolina, Tennessee, West Virginia and Wyoming.

† Colorado, Connecticut, Iowa, Maine, Maryland, Missouri, New Jersey, New Mexico, North Carolina, South Carolina, Texas, Utah, Vermont and West Virginia.

‡ Connecticut, Delaware, Illinois, Iowa, Maine, Maryland, South Carolina, West Virginia and Wisconsin.

adolescent pregnancy programs to reach out to young men and help them to share the responsibility for pregnancy prevention, the birth of the child and subsequent child development. Thirteen states* and the District of Columbia articulate the same concern. Delaware and New Jersey, as mentioned earlier, discuss outreach to males concerning family planning. Delaware encourages male involvement in fathering by recommending that maternity clinics create an atmosphere conducive to male participation. New Jersey urges "support programs for teen fathers and males at risk, with emphasis on education and employment," parenting skills, contraceptive information and services, and a mechanism to tie child support to parental rewards. The majority of state reports simply support efforts, usually through education or the media, to build awareness of male responsibility. Their recommendations range from providing males with "outlets to express emotions and relieve tensions" to increasing knowledge of sexuality and contraception.

Another overriding theme of *Risking the Future* is the importance of implementing programs in ways that are relevant to the target population. The report discusses the need for sensitivity to the cultural backgrounds of specific subpopulations of adolescents. Only the District of Columbia and New York, however, make specific reference to cultural sensitivity. The District of Columbia report covers the need for services for the Hispanic population that are consistent with its culture and concerns.

The NRC report encourages outreach efforts in conjunction with most of its program recommendations. While a few states have recommendations incorporating outreach, the majority of states would rely on the media to disseminate their messages and informaton about services. Seventeen states† and the District of Columbia propose media campaigns that focus on a wide range of issues, from promoting abstinence to advertising specific services. The majority would emphasize the responsibilities and consequences of adolescent pregnancy, in an effort to promote abstinence. Others concentrate more on advertising family planning and prenatal care services or promoting hotlines. Maryland proposes a "media campaign utilizing all media to promote healthy responsible sexual behavior for teenagers." Ohio stresses its "You Are in Control" media campaign, with an estimated annual budget of $300,000, promoting services that range from prevention to case management for parenting teenagers. And Vermont recommends that "by 1992, all teens be made aware of the consequences of sexual activity to dispel such myths as: babies will give you the love you didn't get from your parents; you'll get married if you get pregnant; you can always finish school later; it's only the girl's problem." The NRC report does not include public service announcements among its recommendations, although the body of the report notes that, while this approach lacks sufficient evidence of effectiveness, it is a "potentially effective information and outreach tool . . . to raise consciousness about adolescent childbearing and for reaching out to teenagers in need of health and social services, especially family planning services" [*RTF*, p. 152].

Conclusion

Nobody knows how to "solve" the problem of teenage pregnancy, but *Risking the Future* outlines a framework for implementation of effective strategies and further testing of promising approaches. When compared to the NRC report, the state initiatives receive mixed reviews. Some states propose comprehensive efforts that promise to be effective, while others skirt the primary strategies recommended by the NRC. State reports generally contain lucid analyses of the problem and compelling reasons for action, yet many back away from a direct attack on the issue.

Like the NRC, many states put rhetorical emphasis on prevention, but the actual substantive recommendations are overwhelmingly in the area of

* Colorado, Connecticut, Delaware, Iowa, Maine, Missouri, New Jersey, New Mexico, New York, North Carolina, Ohio, Utah and Wisconsin.

† Colorado, Connecticut, Illinois, Iowa, Maine, Michigan, Missouri, New Jersey, New Mexico, New York, Ohio, South Carolina, Tennessee, Texas, Utah, Vermont and West Virginia.

programs for pregnant teenagers and young parents. Only about half the states embrace the NRC recommendation that the surest means of prevention is a focus on contraception and, of these, only a handful of jurisdictions* do so with any vigor. Instead, they focus their efforts on less controversial preventive strategies such as enhancing life options and delaying sexual activity, even though these have not been proven to be effective. While such interventions may be promising, they receive a disproportionate emphasis in light of the proven effectiveness of contraceptive education and services. Interestingly, those states that incorporate family planning into their recommendations tend to take the most comprehensive approach and thus have strong positions on the other preventive approaches, too.

Clearly, the state initiatives are weakest with respect to providing alternatives to childbearing and parenting. Only half the states address the issue at all, and of those that do so, only five specify the need for a balanced, objective approach. Clearly, this is an area where states fear to tread and where, therefore, services may be inadequate.

The brightest aspect of the state initiatives is in their attention to programs for teenage parents—the area of "last resort" in the view of the NRC. Even so, many states still fail to address some of the major problems. The majority cover health care programs and life-enhancing strategies, but only six mention the need for family planning to prevent subsequent pregnancies. Proposals for job training programs are numerous, yet only a couple of states address the larger question of the availability of employment. Moreover, many of the recommendations involving life enhancement are vague, making it difficult to assess the depth of the states' concerns.

Obviously, there is considerable variation from state to state in the level of commitment and the specificity of strategies. Several reports, such as those of North Carolina and Ohio, simply set out their recommendations as possible projects to be funded. Some states concentrate on demonstration projects, and others discuss the need for services without any concrete strategies for implementation. A number of notable exceptions are highlighted in this report. Clearly, Maine's initiative is the most comprehensive and detailed of those developed before the NRC released its report; Connecticut's is the most detailed of those developed afterward. These states could serve as testing grounds for highly promising programs if they follow through on their recommendations.

Interestingly, given the timing of its release, the Maine report comes closest to dealing with the ideas and proposals discussed in *Risking the Future*. Attention is given to all aspects of teenage pregnancy, with an emphasis on pregnancy prevention but with careful consideration of pregnancy options and the promotion of positive outcomes of childbearing. Almost all the strategies included in the NRC report are found in the Maine study, particularly those that the NRC has deemed effective. Even so, contraceptive education and outreach are not approached as strongly as they might be. Several other states (Connecticut, Maryland, New Jersey, New York and Wisconsin), as well as the District of Columbia, also make strong recommendations that are consistent with those of the NRC. However, Maine is unique in the scope of its proposals. The Maine initiative includes specific recommendations for the clergy, for families and for the medical community, as well as for local communities and government agencies. Moreover, the report includes a detailed budget amounting to $10 million.

At the other end of the spectrum, Missouri, in a report issued after *Risking the Future* was released, expressly rejects the key preventive approaches recommended by the NRC, although it goes along with many of its proposals for pregnant teenagers and young parents. The Missouri plan stresses traditional family and church values and emphasizes chastity, marital fidelity and the evils of premarital sex and divorce. Utah's report focuses almost exclusively on abstinence.

While the initiatives in the 25 states and the District of Columbia may not be perfect, these states obviously made some commitment to tackling a serious and enormously complex social problem. Their efforts are certainly to be commended, and their work

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* Maine, Maryland, New Jersey, New York, Vermont, Wisconsin, Wyoming and the District of Columbia.

bears watching. Each state's efforts can be viewed as a step forward in the process of confronting the problem and learning about solutions.

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Table 26. Sources and focuses of state teenage pregnancy initiatives, by state

State	Source			Focus	
	Legislature	Administration	Governor	Pregnancy prevention	Support
California	X				X
Colorado		X	X	X	X
Connecticut	X			X	X
Delaware		X		X	X
D.C.			X*	X	
Illinois		X		X	X
Iowa		X		X	X
Maryland			X	X	X
Maine			X	X	X
Michigan		X		X	X
Missouri	X	X		X	X
New Jersey	X			X	X
New Mexico	X		X	X	X
New York			X	X	X
North Carolina	X			X	X
Ohio			X	X	X
Pennsylvania	X		X	X	X
South Carolina			X	X	X
Tennessee	X			X	X
Texas	X			X	X
Utah	X			X	
Vermont			X	X	X
Virginia	X			X	
West Virginia		X			X
Wisconsin	X	X		X	X
Wyoming			X	X	X

*Mayoral initiative.

Table 27. Strategies found in the National Research Council's *Risking the Future*, by whether each is contained in the initiatives of

Strategies	CA	CO	CT	DC	DE	IL	IA	MD	ME	MI	MO	NC	NJ
REDUCING THE RATE OF UNINTENDED PREGNANCY													
Encouraging contraception*													
Contraceptive services*		X	X	X	X	X	X	X	X				X
Confidentiality*		X	X						X				
Outreach, counseling, follow-up*				X		X	X	X	X				X
School-based clinics*		X	X	X				X	X	X		X	
Contraception*		X		X									
Condom distribution programs*					X								
Contraceptive advertising*													
Contraceptive education*		X		X			X			X	X		X
Enhancing life options													
Life-planning courses		X	X	X					X		X		
Improving school performance		X	X	X		X		X	X	X	X		
Employment programs			X	X				X	X		X		
Role models			X	X				X	X				X
Delaying sexual initiation													
Sex education/family life education		X	X	X	X	X	X	X	X	X	X	X	X
Decision-making training		X	X	X	X	X	X	X	X	X	X		X
Role models			X	X				X	X		X		
Media treatment of sexuality				X				X	X		X		X
ALTERNATIVES TO CHILDBEARING & PARENTING													
Pregnancy testing and counseling													
Pregnancy testing				X	X	X		X	X		X		
Pregnancy counseling	X			X	X	X		X	X				
Counseling on all options*			X		X				X		X		
Abortion services*			X										
Adoption services*	X		X	X				X	X		X		
Individual support*			X						X				
PROMOTING POSITIVE OUTCOMES FOR ADOLESCENT PARENTS AND THEIR CHILDREN													
Promoting the health of mothers and babies*													
Prenatal, labor & delivery care*	X	X	X		X	X		X	X	X	X	X	X
Nutrition services*	X		X	X	X	X		X	X	X			X
Pediatric care	X				X	X		X	X	X	X		
Preventing subsequent births													
Contraceptive services*			X			X			X				X
Contraceptive education				X		X			X				X
Abortion services													
Ensuring economic well-being													
Child support enforcement		X	X				X	X	X		X		X
Public assistance (AFDC)								X	X		X		
Enhancing life options for adolescent parents													
Life-management training				X		X		X	X		X		
Educational support*	X	X	X	X	X	X		X	X	X	X		X
Employment programs*	X		X		X	X		X	X		X		X
Child care	X	X	X	X	X	X	X	X	X	X	X		X
Case management	X	X	X		X	X	X	X	X	X	X		X
Promoting development of the children of adolescents*		X	X		X	X		X	X	X	X		X

*Strategies recommended by the National Research Council in *Risking the Future*.

25 states and the District of Columbia

NM	NY	OH	PA	SC	TN	TX	UT	VA	VT	WI	WV	WY	Strategies
													REDUCING THE RATE OF UNINTENDED PREGNANCY
													Encouraging Contraception*
X	X	X	X	X		X				X		X	Contraceptive services*
	X					X			X			X	Confidentiality*
	X			X		X				X			Outreach, counseling, follow-up*
X	X	X		X		X				X			School-based clinics*
													Contraception*
				X									Condom distribution programs*
													Contraceptive advertising *
		X		X						X	X		Contraceptive education*
													Enhancing life options
X		X								X			Life-planning courses
X	X	X					X			X	X		Improving school performance
	X	X						X		X			Employment programs
	X	X		X	X			X	X	X			Role models
													Delaying sexual initiation
X	X	X	X	X	X	X	X	X	X	X		X	Sex education/family life education
X	X	X	X			X				X			Decision-making training
		X			X								Role models
X					X		X						Media treatment of sexuality
													ALTERNATIVES TO CHILDBEARING & PARENTING
													Pregnancy testing & counseling
				X						X	X		Pregnancy testing
				X	X					X			Pregnancy counseling
										X			Counseling on all options*
													Abortion services*
		X			X					X			**Adoption services***
										X			**Individual support***
													PROMOTING POSITIVE OUTCOMES FOR ADOLESCENT PARENTS AND THEIR CHILDREN
													Promoting the health of mothers and babies*
X	X	X	X		X	X			X	X	X	X	Prenatal, labor & delivery care*
	X								X	X			Nutrition services*
		X		X						X		X	Pediatric care
													Preventing subsequent births
		X				X							Contraceptive services*
		X		X	X					X	X	X	Contraceptive education
													Abortion services
													Ensuring economic well-being
		X	X				X						Child support enforcement
	X												Public assistance (AFDC)
													Enhancing life options for adolescent parents
			X			X			X	X			Life-management training*
X	X	X		X	X	X				X	X		Educational support*
	X		X	X	X	X		X	X		X		Employment programs*
X	X	X	X	X	X	X			X	X	X		Child care
	X	X	X	X					X		X		Case management
													Promoting development of the children of adolescents*
X	X	X	X	X	X	X			X	X	X	X	

Note: See text (page 47) for discussion of the meaning of "strategies" and "recommended strategies."

Appendix: State Initiatives

The following list comprises the teenage pregnancy initiatives formulated by the District of Columbia and the 25 states that had such initiatives as of December 1988. All initiatives were proposed by legislative, gubernatorial or administrative entities. For the definition of an "initiative" used in this report, see pages 45–46 of the text.

California
Assembly Bill No. 3670, Adolescent Family Life Act (1988), extending 1985 law

Colorado
"Teen Pregnancy: A Costly Proposition," Department of Social Services, Apr. 1986.

"1988 Report Year One," The Governor's Initiative on Teen Pregnancy, Denver (undated).

Connecticut
"Report of the Task Force on Education to Prevent Adolescent Pregnancy," Feb. 1985.

State of Connecticut Teenage Pregnancy Prevention Council, "Pregnant Teens, An Action Plan for Prevention," July 1987.

Delaware
"Adolescent Pregnancy: Action Agenda for the State of Delaware," Delaware Health and Social Services, Oct. 1986.

District of Columbia
"Preventing Children from Having Children: Final Report of the Mayor's Blue Ribbon Panel on Teenage Pregnancy Prevention," May 1985.

Illinois
Statewide Task Force on Adolescent Parent Support Services," Illinois Comprehensive Plan for Adolescent Parent Support Services," June 1982.

Interagency program, "Parents Too Soon," pamphlet, 1983.

Iowa
Iowa Commission on Children, Youth and Families, and Iowa Commission on the Status of Women, "State Interagency Task Force on Adolescent Pregnancy," Mar. 1987.

Maine
The Governor's Task Force, "Adolescent Pregnancy: The Challenge—A Framework for Prevention and Parenting," 1986.

Maryland
Governor's Task Force on Teen Pregnancy, "Call to Action, Final Report," Sept. 1985.

Governor's Council on Adolescent Pregnancy, "Action 90," long-term plan, Oct. 1988.

Michigan
Task Force on Adolescent Pregnancy and Teenage Parents, "Adolescent Pregnancy and Teen Parenting: No Easy Answers," Michigan Department of Social Services, Nov. 1985.

Missouri
Missouri House of Representatives, "Final Report of the Interim Committee on Teen Pregnancies," Apr. 1986.

Governor's Interagency Working Group on Adolescent Pregnancy, "Two Generations at Risk," Jan. 1987.

The Missouri Task Force on Unwed Adolescent Sexual Activity and Pregnancy, "A Time to Speak . . . A Time to Act," final report, Dec. 1987.

New Jersey
New Jersey Task Force on Adolescent Pregnancy, "Alternatives," report from the New Jersey Department of Health, 1988.

New Mexico
Bill Simpson, "Study of Adolescent Pregnancy and Parenting (1986 HM30)," memorandum to Legislative Education Study Committee, Nov. 1986.

Governor's Task Force on Adolescent Pregnancy, "Report to Governor Garrey Carruthers," Nov. 1988.

New York
Governor's Task Force on Adolescent Pregnancy, "Setting Directions," initial report, Feb. 1985.

Governor's Task Force on Adolescent Pregnancy, "Moving Forward: Next Steps," Jan. 1986.

Governor's Task Force on Adolescent Pregnancy, "Benchmarks and Challenges," third report, Aug. 1987.

North Carolina
"Adolescent Pregnancy and Prematurity Prevention Project," Rules of North Carolina Department of Human Resources, 10 NCAC 8B.0701–.0714, Feb. 1986.

Senate Bill No. 1, Chap. 479, General Assembly of North Carolina, 1985.

Adolescent Pregnancy Study Commission,"Report to the 1989 General Assembly of North Carolina," Raleigh, Jan. 1989.

Ohio
Governor's Task Force on Adolescent Sexuality and Pregnancy, "Teenage Pregnancy: Creating Opportunity from Crisis," Dec. 1986.

Pennsylvania
"Improving Services to Pregnant Teenagers and Teen Parents," Budget Policy Brief, Governor's Office, 1985–1986.

"Report of the Select Committee to Investigate the Problem of Teenage Pregnancies and Parenting in Pennsylvania," Nov. 1986.

South Carolina
Governor's Task Force on the Prevention of Teenage Pregnancy, "State Plan for the Prevention of Teenage Pregnancy," May 1986.

Tennessee
List of the achievements of the Committee on Adolescent Pregnancy, Tennessee State Legislature, Aug. 1984.

Senate Bills No. 1086, 1089, 1132 (1987)

Senate Bills No. 2406, 2407, 2459, 2461, 2464 (1988).

House Bills No. 2281, 2286, 2340, 2342, 2372 (1988).

Texas
Committee on Human Services,"Interim Report to the 70th Texas Legislature," Texas House of Representatives, 1986.

Utah
Governor's Task Force on Teenage Pregnancy Prevention, "Preventing Teenage Pregnancy in Utah," final report, Nov. 1988.

Vermont
Governor's Task Force for Prevention of Teenage Pregnancy, "A Better Future for Vermont Teens," 1987.

Virginia
"A Report of the Joint Subcommittee Studying Teenage Pregnancy to the Governor and the General Assembly of Virginia," House Document No. 39, 1987.

West Virginia
Adolescent Pregnancy and Parenting State Task Force, "Choices Today: Consequences Tomorrow—Adolescent Pregnancy, Parenting and Prevention in West Virginia," 1987.

Wisconsin
Assembly Bill No. 510, Abortion Prevention and Family Responsibility Act of 1985.

Division of Policy and Budget, "Planning Paper: The Wisconsin Approach to Problems Associated with Adolescent Pregnancy and Parenthood," Jan. 1986.

Department of Public Instruction and Wisconsin's Women's Council, "Prevention of Teen Pregnancy—An Issue for Wisconsin," Department of Health and Social Services, May 1986.

Wyoming
The Governor's Teenage Pregnancy Taskforce, "Adolescent Health in Wyoming, 1988," Feb. 1988.

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